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UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

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In re	:	Chapter 11
	:	
SEARS HOLDINGS CORPORATION, et al.,	:	Case No. 18-23538 (RDD)
	:	
Debtors.:	:	(Jointly Administered)
	:	
	:	JUDGE: Hon. Robert D. Drain
	:	
Brian Coke Ng	:	
Plaintiff	:	Supreme Court of the State of
	:	New York, New York County
v.	:	Index No.: 100386/2018
Kmart Corporation, et. Al.,	:	
Defendant(s)	:	Plaintif/Movant's Reply Brief
	:	in Response to Defendants/Debtors's
	:	Omnibus Objection to Relief from Stay
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To: The Honorable Robert D. Drain, United States Bankruptcy Judge,

In further support of Plaintiff/Movant's Relief from the Automatic Stay, under 11 U.S.C §362(d)(1) and local rule 4001-1, derived from former Local Bankruptcy Rule 44(a) Brian Coke Ng ("Plaintiff/Movant"), Po se respectfully offers and submits this Reply Brief in Response to Defendants/Debtors Omnibus Objection dated January 11, 2019. And also, for this Court to accept this response as full and complete argument at the hearing scheduled for January 18, 2019. 10:00 A.M. or anytime thereafter, as Plaintiff/Movant suffering from ongoing medical circumstances.

**MEMORANDUM OF LAW, POINTS, ARGUMENT AND AUTHORITIES
IN FURTHER SUPPORT OF MOTION TO LIFT THE AUTOMATIC STAY**

1. As to Defendants/Debtors Preliminary Statement that the Plaintiff/Movant establish and show cause. Under Section 362(d) of the Bankruptcy Code, a Court may grant relief from the automatic stay for cause upon request of a party in interest. See 11 U.S.C. §362(d)(1). As stated and shown in Plaintiff/Movant motion, and herein below with all its accompanying exhibits, the Plaintiff/Movant here, had established and show strong cause warranting relief lifting the Automatic Stay. 11 U.S.C. §362(d)(1).

BACKGROUND

PENDING LAWSUIT IN N.Y.S. SUPREME COURT

2. On March 28, 2018, Mr. Brian Coke Ng filed a pro se Amended Complaint captioned: Brian Coke Ng -against- Kmart Pharmacy, Kmart Holding Corporation, Sears Holdings Corporation, and Sedgwick Claims Management Services, Inc., in New York State Supreme Court, New York County, Index#100386/2018, seeking damages for improper conduct and wrongdoings on **July 16, 2010**.

JUDICIAL SUBPOENA DUCES TECUM

3. The lawsuit is currently pending before Honorable Judge David B. Cohen. On June 29, 2018, the Right Honorable Judge David B. Cohen had issued a Judicial Subpoena Duces Tecum upon the Defendants/Debtors Pharmacy ("Kmart Pharmacy"). The Subpoena had specifically requested and demanded the following: " Certified copy of each and every part of medication profile and all records maintained relating to the Plaintiff Brian Coke Ng, including all reports, notes, mental health information, known allergies and drug reactions, chronic distress,

List of medications and relevant devices and other information reported to the pharmacist appropriate for counseling an individual regarding use of prescription and over-the-counter drugs, and a certified copy of Kmart Pharmacy Notice of Privacy Practices with effective date September 2, 2014, as well as a certified copy with effective date January 6, 2015, respectively." See a copy of Judicial Subpoena Duces Tecum June 29, 2018, attached as **Exhibit (1)**.

4. The documents and records sought in the Judicial Subpoena Duces Tecum from the Defendants/Debtors Pharmacy is very important and needed for proof and for perfecting additional claims and/or to properly file the new lawsuit against the Defendants/Debtors, and possible others, but the Defendants/Debtors did not complied with the Judicial Subpoena Duces Tecum dated June 29, 2018, issued by Honorable Judge David B. Cohen.

**HEARING PERTAINING TO NON-COMPLIANCE
OF THE JUDICIAL SUBPOENA DUCES TECUM**

5. On September 20, 2018, the Supreme Court held a hearing on the matter regarding the Defendants/Debtors noncompliance with the Judicial Subpoena Duces Tecum dated June 29, 2018. Defendants/Debtors here, had informed the New York State Supreme Court, County of New York, that they had complied with the Judicial Subpoena Duces Tecum dated June 29, 2018, and had provided the records sought in the Judicial Subpoena to the Plaintiff/Movant, but those were false statements made by the Defendants/Debtors. The Defendants/Debtors had lied, and misled the Honorable Court, in that, hey were not truthful, that is because, on November 6, 2018, and post-petition for bankruptcy, the Defendants/Debtors sent via fax, new and additional, never-seen-before, piecemeal medical records to the Plaintiff/Movant. The Defendants/Debtors improper conduct to lied and misled the Court is willful and deliberate. A copy of the transcript of the hearing is **attached hereto as Exhibit (2)**

6. As a result of the Defendants/Debtors lies, false statements, and misleading statements to the New York State Supreme Court, to which they gladly and cheerfully informed the Court that they had complied with the Judicial Subpoena Duces Tecum, Honorable Judge David B. Cohen had declined to sign an order in favor of the Plaintiff/Movant. **See Exhibit (2) and Exhibit (3).**

"PATIENT RECORDS"

7. "Patient Records" (as defined in section 101 (40B) of the Bankruptcy Code) are vitally important documents in the health care industry and as such are subject to stringent Federal and State Confidentiality and disclosure regulations.

8. As stated above, on November 6, 2018, post-petition for bankruptcy, the Defendants/Debtors sent via fax, new and/or additional, never-seen-before, piecemeal medical records to the Plaintiff/Movant. The documents created on November 6, 2018, contains and bears misleading, false and fraudulent information, and had also shed new light to which perfect the Plaintiff/Movant new claim(s), previous claim(s) and to properly file a new lawsuit. A copy of the documents created on November 6, 2018 is **attached hereto as Exhibit (4).**

**DEFENDANTS/DEBTORS ATTEMPTED TO REMOVE STATE COURT ACTION
TO UNITED STATES DISTRICT COURT FOR THE SOUTHERN DISTRICT OF NEW YORK**

9. On Friday October 12, 2018, the Defendants/Debtors had attempted to remove the New York State Supreme Court action, to the United States District Court for the Southern District of New York.

PROCEDURAL REQUIREMENTS FOR ANY REMOVAL

10. The Defendants/Debtors were required to file with a Notice of Removal, a copy of all process, pleadings, and orders served upon the Defendants/Debtors. 28 U.S.C. §1446(a). Practically speaking, attaching the entire state court file to the Notice of Removal would have satisfy this requirement. Finally, the removing Defendants/Debtors must also provide written

Notice of the removal to all adverse Parties and must file a copy of the Notice with the County Clerk of the State Court. 28 U.S.C §1446(d). It is prudent to attach a copy of the Notice of filing to such notice of Removal. But these vital Procedural Requirements for Removal were not followed or complied with by these Defendants/Debtors. As a result, the New York State Supreme Court properly maintained its calendar, and Plaintiff/Movant upon the Order of the Court, was advised and directed by the Court to appear on December 19, 2018.

11. Shortly after Honorable Judge David B. Cohen had issued a new Order, which was filed on December 2018, the Defendants/Debtors attorney(s) made up and leveled false statements against the Plaintiff/Movant. Brian Coke Ng has been wrongfully accused of taking prohibited action(s) that violates the automatic stay, so "*to obtain the Order*". A copy of Honorable Judge David B. Cohen Order is **attached hereto as Exhibit (5)**.

12. The attempt to remove the State Court action to the United States District Court for the Southern District of New York had become an issue with respect to two (2) separate Court Orders that shows a conflict on this one pending lawsuit. See documents filed previously with this Bankruptcy Court (Doc #1387) filed on December 20, 2018 and entered on December 21, 2018.

**DATE OF INCIDENT DISPUTES, CLAIM SUBMISSION,
INSURANCE POLICY PERIOD, AND COVERAGE TERRITORY**

13. On July 16, 2010, an incident had occurred at the Defendants/Debtors Pharmacy ("Kmart Pharmacy"). Plaintiff/Movant wrote and submitted a Complaint/Letter dated July 23, 2010, to the Defendants/Debtors Pharmacy. A copy of the Complaint/Letter dated July 23, 2010 is attached hereto as Exhibit (6).

14. Plaintiff/Movant suffers severe distress and other medical problems and issues after ingesting toxic substances from Sertraline overdose on July 18, 2010. Although

Plaintiff/Movant was seen and follow up by his doctor (Dr. John Spiegel) during the time, various medical issues has later developed and became burdensome and difficult day and night to deal with, and essentially affected the Plaintiff/Movant's life overall. A copy of Dr. John Spiegel's medical report is **attached hereto as Exhibit (7)**.

15. Plaintiff/Movant's complaint/letter dated July 23, 2010 was submitted on various occasions to the Defendants/Debtors Pharmacy, both via regular first class mail and i person, including a specific hand delivery made on September 17, 2010 to Defendants/Debtors Pharmacist name (" Darshanie Sankar"). Upon Ms. Darshanie Sankar receipt of the complaint/letter dated July 23, 2010, Ms. Darshanie Sankar had advised the Plaintiff/Movant that all other filling would be made for the Plaintiff/Movant by "higher ups" and that, the Plaintiff/Movant need to take no further action pertaining to the complaint because "the Kmart team will handle it". Upon hearing that the complaint and a claim will be filed on the Plaintiff/Movant behalf, and nothing else to be done by the Plaintiff/Movant, the Plaintiff/Movant was left convinced with such assurance and belief. Although Plaintiff/Movant had made countless follow up telephone calls so to get any status updates, the Plaintiff/Movant did not received any documentation or written response until a new claim were made for latent injury on February 24, 2017. The Plaintiff/Movant received a letter dated 03/03/2017, from Sedgwick CMS ("The Third Party Claims Administrator"), to which contained an apology. Specifically, in separate parts, on quote: "*On behalf of our client, I would like to apologize for any inconvenience this incident may have caused you.*" A copy of Sedgwick letter dated 03/03/2017 is **attached as Exhibit (8)**

16. To create confusion, they began to misrepresent the facts, Sedgwick CMS had later served a denial letter dated March 21, 2017 bearing incident date 07/30/2010.

However, no decision was issued pertaining to the date of incident: 02/24/2017. Sedgwick CMS wrote in separate parts, of its etter dated March 21, 2017, on quote: "*should you have additional information that has not been presented for review and could impact our denial decision, we ask that you provide that information at this time*". A copy of their denial letter dated March 21, 2017, bearing incident date 07/30/2010 is **attached hereto as Exhibit (9)**.

PARTIAL RECORDS TURN UP WITH ALTERATIONS AND FALSIFICATIONS

17. The Plaintiff/Movant had made several request to the Defendants/Debtors for a copy of Plaintiff/Movant medical records and other relevant information that could impact the denial decision, this includes the demands made in the Judicial Subpoena Duces Tecum issued by Honorable Judge David B. Cohen. The records received bears alterations and falsifications.

18. For example, someone had entered into the Plaintiff/Movant medical records located at the Defendants/Debtors Pharmacy and had altered and falsified the medical records to read and reflect another Pharmacist name "John Hellyer" and put in a date of services to reflect September 22, 2010, instead of the correct Pharmacist name Ms. Darshanie Sankar who had provided the Plaintiff/Movant with the pharmacy services on September 17, 2010, and who had also received the Plaintiff/Movant complaint/letter dated July 23, 200. Then, lo and behold, Sedgwick CMS, wrote and stated that, Defendants/Debtors "has no record of receiving this letter". A copy of Sedgwick CMS letters is **attached as Exhibit (10) and Exhibit (11)**.

FURTHER CAUSE#1: INSURANCE POLICY NO. HDO G24933398

19. Plaintiff/Movant was able to locate the Defendants/Debtors insurance policy No.: HDO G24933398; Type of policy: General Liability; Date of Inception: 08/01/2009; date of Expiration: 08/01/2010; Insurer: ACE American Insurance Co. (ACE). This Policy is relevant in

that, it covered periods to which the Plaintiff/Movant has claims against the Defendants/Debtors improper conduct on July 16, 2010. Defendants/Debtors had given no detail, and provide no information on this policy. There are no disputes then or now that indicate this policy has exhausted or depleted, and there are no audit report(s).

FURTHER CAUSE#2: INSURANCE POLICY NO. HDO G71097651

20. Plaintiff/Movant was able to locate the Defendants/Debtors insurance policy No.: HDO G71097651; Type of policy: General Liability; Date of Inception: 08/01/2018; date of Expiration: 01/01/2019; Insurer: ACE American Insurance Co. (ACE). This Policy is relevant in that, it covered periods to which the Plaintiff/Movant has claims against the Defendants/Debtors improper conduct on August 22, 2018, August 27, 2018, and November 6, 2018. Defendants/Debtors had given no detail, and provide no information on this policy. There are no disputes then or now that indicate this policy has exhausted or depleted and there are no audit report(s).

FURTHER CAUSE#3: INSURANCE POLICY NO. HDO G71097699

21. Plaintiff/Movant was able to locate the Defendants/Debtors insurance policy No.: HDO G71097699; Type of policy: General Liability; Date of Inception: 08/01/2018; date of Expiration: 01/01/2019; Insurer: ACE American Insurance Co. (ACE). This Policy is relevant in that, it covered periods to which the Plaintiff/Movant has claims against the Defendants/Debtors improper conduct on August 22, 2018, August 27, 2018, and November 6, 2018. Defendants/Debtors had given no detail, and provide no information on this policy. There are no disputes then or now, that indicate this policy has exhausted or depleted and there are no audit report(s).

FURTHER CAUSE#4: INSURANCE POLICY NO. HDO G71097730

22. Plaintiff/Movant was able to locate the Defendants/Debtors insurance policy No.: HDO G71097730; Type of policy: General Liability; Date of Inception: 08/01/2018; date of Expiration: 01/01/2019; Insurer: ACE American Insurance Co. (ACE). This Policy is relevant in that, it covered periods to which the Plaintiff/Movant has claims against the Defendants/Debtors improper conduct on August 22, 2018, August 27, 2018, and November 6, 2018. Defendants/Debtors had given no detail, and provide no information on this policy. There are no disputes then or now, that indicate this policy has exhausted or depleted and there are no audit report(s).

FURTHER CAUSE#5: INSURANCE POLICY NO. CGO G71097778

23. Plaintiff/Movant was able to locate the Defendants/Debtors insurance policy No.: CGO G71097778; Type of policy: General Liability; Date of Inception: 08/01/2018; date of Expiration: 01/01/2019; Insurer: ACE American Insurance Co. (ACE). This Policy is relevant in that, it covered periods to which the Plaintiff/Movant has claims against the Defendants/Debtors improper conduct on August 22, 2018, August 27, 2018, and November 6, 2018. Defendants/Debtors had given no detail, and provide no information on this policy. There are no disputes then or now, that indicate this policy has exhausted or depleted and there are no audit report(s).

FURTHER CAUSE#6: INSURANCE POLICY NO. HDO G71097614

24. Plaintiff/Movant was able to locate the Defendants/Debtors insurance policy No.: HDO G71097614; Type of policy: General Liability; Date of Inception: 08/01/2018; date of Expiration: 01/01/2019; Insurer: ACE American Insurance Co. (ACE). This Policy is relevant in that, it covered periods to which the Plaintiff/Movant has claims against the Defendants/Debtors improper conduct on August 22, 2018, August 27, 2018, and November 6, 2018. Defendants/Debtors had given no detail, and provide no information on this policy. There are no disputes then or now, that indicate this policy has exhausted or depleted and there are no audit report(s).

FURTHER CAUSE#7: DEFENDANTS/DEBTORS UNCLEAN HANDS (A)

25. First, the Defendants/Debtors has engaged in contumacious conduct and behavior, in that, they had lied to the New York State Supreme Court, New York County, they had deliberately, wrongfully and intentionally informed the Court, that they had complied with the Judicial Subpoena Duces Tecum issued by the Honorable Judge David B. Cohen dated June 29, 2018, when they did not. They had willfully, and deliberately, failed to obey the New York State Supreme Court and honorable Judge David B. Cohen order.

26. Litigants may not obtain the result they prefer by sabotaging the process the law requires. The unclean hands doctrine “closes the doors of a court of equity to one tainted with inequity or bad faith relative to the matter in which he seeks relief” (quoting Precision Instrument Mfg. Co. v. Auto. Maint. Mach. Co.; 324 U.S. 806.814(1945)).

27. The Defendants/Debtors have engaged in intentionally tortious and fraudulent conduct and behavior. Not only had they informed the Supreme Court and Judge Cohen that they

complied fully with the Judicial Subpoena, they had altered and falsified the Patient Medical Records.

28. When a situation with a “Patient Records” becomes a legal issue, it’s important to understand that there are two records that will be considered: (1) the patient’s actual Medical Records, and (2) the digital artifacts represented by the Metadata, in other words, the record of how the patient’s information was kept, stored, and changed over time.

29. The original records to which was provided to the Plaintiff/Movant during the course of medical treatments and medical counseling, they do not match when compared with records that were created by the Defendants/Debtors on August 22, 2018, August 27, 2018 and November 6, 2018. Also, they did not match medical expenses records created on January 13, 2015, March 24, 2017, and June 15, 2018. Defendants/Debtors had intentionally and willfully altered and falsified the Medical Records that are located at their Pharmacy, in an effort to evade liability. See the Medical Records at **Exhibit (12), Exhibit (13) and Exhibit (14)**.

30. With providing so much alterations, and falsifications and missing records of the notations of the Plaintiff/Movant Complaint/Letter dated July 23, 2010, and further altered the Medical Records to reflect and read another pharmacist name “John Hellyer” instead of the correct pharmacist (“Ms. Darshanie Sankar”) who personally took the Plaintiff/Movant Complaint/Letter dated July 23, 2010, then it is therefore completely impossible to provide Sedgwick CMS (their third party administrator) with the “additional information” that they sought that could impact their denial decision dated March 21, 2017.

DEFENDANTS/DEBTORS UNCLEAN HANDS (B)

31. Second, the Defendants/Debtors with their bad faith approach and unclean dirty hands on September 12, 2018, at 9:43A.M., sent an email, that reads in separated parts, on quote: “Lastly, as previously stated our clients is open to alternative dispute resolution, however we have yet to receive a proper numerical settlement demand from you. Please provide a numerical settlement demand after which we will be in a position to discuss same with our client and engage in settlement discussions with you.” That same day, the Plaintiff/Movant responded via email and proposed \$3.8million. **See Exhibit (15).**

32. These emails are offered under Federal Rule 408, not to prove or disprove the validity or amount of the claim, nor to impeach a prior inconsistent statement, but “for another purpose”, particularly that the Defendants/Debtors did in fact hinder, delay, and/or defraud the Plaintiff/Movant, Mr. Brian Coke Ng, and with their unclean hands.

33. After the September 12, 2018, Plaintiff/Movant made follow up contact as was instructed, with the Defendants/Debtors on Friday, September 14, 2018 to find out what is on the table. However, there was no response from anyone. On September 17, 2018, the Defendants/Debtors made contact with Plaintiff/Movant via telephone and advised that they have “no authority to settle this case”.

34. On Friday October 12, 2018, three (3) days before the Defendants/Debtors filed for Bankruptcy protection (on Monday October 15, 2018), this very same Defendants/Debtors visited the United States District Court for the Southern District of New York and filed a partial Notice of Removal in an attempt to remove the New York State Supreme Court action that is against them. This show of unclean behavior is patently clear. This here Defendants/Debtors had

no intention to actually open to the Supreme Court Alternative Resolution program to which both sides had agreed to participate with mutually for a peaceful fair settlement, but rather using the ADR approach as a means of having the State Court action remove to Federal District Court.

35. By email dated October 4, 2018, Plaintiff/Movant sent a Letter/Notice to the Defendants/Debtors, to clearly and patently advised, that Plaintiff/Movant had rejected their behavior and conduct to which had deliberately and willfully sabotaged what supposed to be good faith settlement negotiations and agreements to participate with the New York State Supreme Court Alternative Dispute Resolution (ADR) program. See copy of Plaintiff/Movant Letter/Notice **attached hereto as Exhibit (16)**.

36. “Unclean Hands” is an equitable doctrine under which the Court, in order to protect its own integrity, will deny equitable relief to a party in a transaction if that party, relative to the same transaction, is “guilty of improper conduct no matter how improper the [other party’s] behavior may have been.” *Merimac Co. v. Portland Timber*, 259 Or. 573, 580, 488 p.2d 465 (1971).

37. In *re John Olaf Halvorson*, Judge Wallace explains very nicely, that unclean hands can be a bar to the access to Courts, at least when the Court is sitting as a court of equity. He quotes the Supreme Court in *Keystone Driller Co. v. General Excavator Co.*, 290 U.S. 240, 244-45, 54 S. Ct. 146, 78 L.Ed. 293 (1933): “It is one of the fundamental principles upon which equity jurisprudence is founded, that before a complainant can have a standing in Court he must first show not only that he has a good and meritorious cause of action, but he must come into Court with clean hands ... The governing principle is that whatever a party who, as actor, seeks to set the judicial machinery in motion and obtain some remedy, has violated conscience, or good faith, or other equitable principle, in his prior conduct, then the doors of the Court will be

shut against him in limine; the Court will refuse to interfere on his behalf, to acknowledge his right or to award him any remedy ... A court of equity acts only when and as conscience commands; and if the conduct of the Plaintiff be offensive to the dictates of natural justice, then, whatever may be the rights he possesses and whatever use he may make of them in Court of Law, he will be held remediless in a court of equity.”

38. The purpose of the unclean hands doctrine is not to protect any of the parties, it is to protect the Court from becoming an aider and abettor or inequity. (citing) *Karpenko v. Leendertz*, 619 F.3d. 259,267 (3d Cir. 2010).

39. See *United States v. Howell*, 425 F.3d 971,974 (11th Cir. 2005) (“[N]o principles is better settled than the maxim that he who comes into equity must come with ‘clean hands’ and keep them clean throughout the course of the litigation, and that if he violates this rule, he must be denied all relief whatever may have been the merits of his claim”); *Rorrer v. Cleveland Steel Container Corp.*, No. 08-0671, 2010 U.S. Dist. LEXIS 99697 (E.D. Pa. 2010); *Honeywell Int’l Inc. v. Universal Avionics Sys. Corp.*, 398 F. Supp. 2d 305,311 (D. Del. 2005) (“Alternatively, if unclean hands occurs during litigation, it bars any recovery by the offending party”); *Goldstein v. Lincoln Nat’l Convertible Secs. Fund. Inc.*, 140 F.Supp. 2d 424,441 (E.D. Pa. 2001); *Major v. Orthopedic Equipment Co.*, 496 F. Supp. 604, 609 (E.D. Va. 1980) (“From this premise one deduces the corollary that the defendants hands must remain clean throughout the litigation if he is to continue to receive the protection or benefit of equitable relief.”).

40. Here, the evidence against the Defendants/Debtors on unclean hands is otherwise so patently clear and convincing that, it cannot be overlooked, and for this reason, along with the others above stated, relief from the automatic stay should be granted.

FURTHER CAUSE#8 MEDICAL ISSUES AND HARDSHIP

41. As a result of Defendants/Debtors and their improper conduct, as recent as August 22, 2018, August 27, 2018, and November 6, 2018, to which further contributed, aggravating, exacerbating Plaintiff/Movant pre existing medical conditions, emotional distress, stress, and depression. Plaintiff/Movant also subjected to tremendous medical cost. See copy of the doctor(s) medical notes of various medications/medicines and treatments **attached hereto as Exhibit (17)**.

42. The Plaintiff/Movant is having hardship with the various medical expenses, as a result of the Defendants/Debtors series of improper conduct and misconduct to which willfully, and intentionally, caused malicious and egregious emotional trauma and mental trauma upon Plaintiff/Movant. The Defendants/Debtors knew that Plaintiff/Movant was psychologically and financially vulnerable, and solely for their own personal gain and profit intentionally inflicted these injury on the Plaintiff/Movant. For example, one of the recent medical bill total amounts currently due is **\$1797.99** and counting. A copy of recent bills **attached as Exhibit (18)**.

LEGAL ARGUMENT

43. Plaintiff/Movant also asking this Court to consider the above stated events and Exhibits herewith to consider that the Defendants/Debtors did, at the very least, hinder and delay. The “single test” theory is adopted by at least some bankruptcy jurisdictions, see *In Re Addison*, 540 F.3d 805 (8th Cir. 2008). However, other circuits draw a finer line for Section 362 (d)(4), specifically, in the Seventh Circuit which had drawn a distinction between “defrauding” and “delaying”. In *Re Smiley* 864 F.2d 562 (7th Cir. 1989) the Court determined that Smiley had not necessarily defrauded his creditors, but that he had intended to delay and hinder them, and this satisfied the requirement of the “hinder, delay, or defraud” provision in 11 U.S.C. 727 (a)(2).

The Court in Smiley thus toes the line that a case need not be filed in bad faith, or with fraudulent intent, to nevertheless include an intent to hinder or delay, which allows the Court to disregard the question of how it could confirm the plan as “filed in good faith” under 11 U.S.C. 1325(a)(3), since the two findings would appear mutually exclusive. In any event, in Smiley, it is clear the Debtor must be found to have engaged in some conduct that was not proper, and that the intention must, at least in part, be to prevent creditors from collecting on their claims. Plaintiff/Movant here, asks that this Court find such action in this Defendants/Debtors prior dealings with the Plaintiff/Movant, so as to find the requisite “cause” if more needed for a relief from the automatic stay.

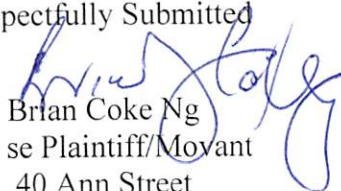
44. As an alternative, Plaintiff/Movant asks this Court to consider whether it may be possible for the Plaintiff/Movant’s proposed settlement demand amounts, that was originally provided per email dated September 12, 2018, in the amounts of three million eight hundred thousand dollars (\$3,800,000) to be deemed “liquidated” and treated as a secured debt. In *Nicholes v. Johnny Appleseed of Washington*, 184 B.R. 82 (B.A.P. 9th Cir. 1995), the Court note that a “debt is liquidated if it is capable of ready determination and precision in computation of the amount due.” *Id.* at 89. The test for this “ready determination” is “whether the amount due is fixed or certain or otherwise ascertainable by reference to an agreement or by a single computation.” *Id.* It further note that “the term ‘disputed’ is broad and can encompass either liquidated or unliquidated debts.” *Id.* In other words, “it is the nature of the dispute and not the existence of the dispute, that makes a claim unliquidated.” *Id.* at 90. If it is necessary to have an expert determine the amount of loss, the Plaintiff/Movant does not object to such a finding, and asks that this Reply be deemed a complaint for an adversary proceeding to determine if an

agreement as to the amount can be first, ascertained, and/or agreed to, so as to necessitate Plaintiff/Movant's debt to be added to the schedules, and/or paid as a priority in the plan.

CONCLUSION

45. It would be a grave miscarriage of justice if this Court did not allow any relief for the Plaintiff/Movant. Plaintiff/Movant is a real human individual person who has to take medication every day, day by day so to try get help for mental sufferings. While the Defendants/Debtors arguing in their objection about the fairness to the Defendants/Debtors in considering their, apparently astronomical cost of legal fees for representation in the New York State Supreme Court, for defense. Plaintiff/Movant is instead contemplating borrowing money for filing fees. Without relief, the Plaintiff/Movant here, Brian Coke Ng is not made whole. Although the Bankruptcy Code is established on the premise of creating an atmosphere of fairness for the Defendants/Debtors before it, this Court cannot turn a blind eye to fairness for all, including the creditors. Wherefore, Plaintiff/Movant asks and respectfully requests for (1) Relief from the automatic stay, or (2) An adversary proceeding to determine an amount for a liquidated claim on Plaintiff/Movant's behalf due to the showing of "cause" above herein.

Respectfully Submitted


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UNITED STATES BANKRUPTCY COURT
SOUTHERN DISTRICT OF NEW YORK

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SEARS HOLDINGS CORPORATION, et al.,	:	Case No. 18-23538 (RDD)
	:	
Debtors.:	:	(Jointly Administered)
	:	
	:	JUDGE: Hon. Robert D. Drain
	:	
	:	
-----X		

CERTIFICATE OF SERVICE

I hereby certify that on January 17, 2019 a true and correct copy of the foregoing documents has been served upon the following parties listed on the annexed **Exhibit A** via email, and in the manner indicated thereon.

New York, New York

Dated: January 17, 2019


Brian Coke Ng

EXHIBIT A

EXHIBIT A

NAME	NOTICE NAME	EMAIL
Alston & Bird LLP	Attn: James J. Vincequerra	James.Vincequerra@alston.com
Alston & Bird LLP	Attn: Leib M. Lerner	leib.lerner@alston.com
Ansell Grimm & Aaron, P.C.	Attn: Anthony J. D'Artiglio, Esq.	ajd@ansellgrimm.com
ASK LLP	Attn: Edward E. Neiger, Jennifer A. Christian	eneiger@askllp.com jchristian@askllp.com
Ballard Spahr LLP	Attn: Dustin P. Branch	branchd@ballardspahr.com
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EXHIBIT 1

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

Index No.: 100386/18

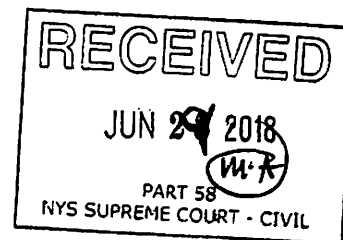
-----X
BRIAN COKE NG

Plaintiffs,

-against-

KMART PHARMACY
KMART HOLDING CORPORATION
SEARS HOLDINGS CORPORATION
SEDGWICK CLAIMS MANAGEMENT SERVICES, INC.
Defendants.

JUDICIAL SUBPOENA
DUCES TECUM



-----X
TO: Kmart Pharmacy
770 Broadway
New York, N.Y. 10003

WE COMMAND YOU, that all business and excuses being laid aside, you and each of you produce before Hon. Presiding Justice at New York County Supreme Court, at 60 Centre Street, New York, New York 10007 on or before the 20th day of July 2018, at 9:30 o' clock, in the forenoon, on the part of the Plaintiff, the following records pertaining to: **BRIAN COKE NG (patient), D/O/B: [REDACTED]**

Certified copy of each and every part of medication profile and all records maintained relating to the Plaintiff Brian Coke Ng, including all reports, notes, mental health information, known allergies and drug reactions, chronic diseases, list of medications and relevant devices and other information reported to the pharmacist appropriate for counseling an individual regarding use of prescription and over-the-counter drugs; and a Certified copy of Kmart Pharmacy Notice of Privacy Practices with effective date September 2, 2014, as well as a Certified copy with effective date January 6, 2015 respectively.

(Pursuant to the Civil Practice Law and Rules Section 2301, all papers or other items delivered to the court pursuant to this subpoena shall be accompanied by a copy of this subpoena.)

Failure to comply with this subpoena is punishable as a contempt of Court and shall make you liable to the persons on whose behalf this subpoena was issued for a penalty not to exceed fifty dollars and all damages sustained by your failures to comply.

WITNESS, Honorable *David B. Cohen* one of the Justices of said Court, at 60 Centre Street, New York, New York 10007 the 29th day of June, 2018.

NO APPEARANCE REQUIRED

Please forward medication profile
Records along with the attached
Certification of Business Records
Sworn and signed to: New York
County Supreme Court
Subpoenaed Records Room
60 Centre Street, Room 145-M
New York, New York 10007

Brian Coke Ng
Brian Coke Ng, (Plaintiff)
40 Ann Street
New York, N.Y. 10038
Tel: 646.318.5571

David B. Cohen
SO ORDERED

HON. DAVID B. COHEN
J.S.C.



AUTHORIZATION FOR USE AND DISCLOSURE



MUST BE FILLED OUT COMPLETELY

BY SIGNING THIS FORM I AM INSTRUCTING KMART PHARMACY TO DISCLOSE MY PERSONAL HEALTH INFORMATION AS FOLLOWS:

Patient Name: BRIAN COKE NG a/k/a: _____

Date of Birth: 01/07/1962 Date of Death (if applicable) NA

Address: 40 ANN STREET, NEW YORK, N.Y. 10038

I voluntarily authorize and permit disclosure of any and all medical records including pharmacy prescription and expense records for the time period of: JANUARY 2010 through JUNE 2018. (NOTE: We do NOT have records over 10 years old) ^a
copy of NOTICE OF PRIVACY PRACTICES Relative to MY Medication Profile/records
If my records contain information about drug and/or alcohol abuse, mental health, HIV/AIDS and/or sexually transmitted diseases, I agree to its release, only if initialed below (person signing Authorization must INITIAL those for which permission to release is given):

Drug Abuse _____ HIV/AIDS _____ Sexually Transmitted Disease _____
Alcohol Abuse _____ Mental Health ✓ Sickle Cell Anemia _____

PLEASE SEND MY RECORDS TO ☐ ME OR TO ☒ _____
(1) Kmart Notice of Privacy Practices
Name: _____

Complete Address: 60 Centre Street, Room 145N
New York, NY 10007

New York County Supreme Court
Subpoenaed Records Room

The purpose of this request to release and/or disclose the personal health information described above is:

☒ Pending litigation, or ☐ Insurance Submission, or ☐ Taxes, or ☐ Other (describe) _____

This Authorization will expire on: during pending litigation or June 2028 (If I fail to specify a date this authorization will automatically expire 90 days from the day of my signature)

I understand that 1) I can revoke this Authorization at any time by giving my written revocation to the Kmart Pharmacy. My revocation is not effective as to disclosures already made and actions already taken in reliance upon this Authorization; 2) Kmart Pharmacy may NOT condition treatment, enrollment in the health plan or eligibility for benefits on whether I sign this Authorization; 3) I am authorizing disclosure of information protected under federal law; 4) This information, once disclosed, may be subject to re-disclosure by the recipient and no longer be protected by state or federal law; 5) I have the right to receive a copy of the authorization; and 6) A photocopy or facsimile of this authorization shall have the same authority as the original and may be substituted in its place.

By my signature I certify that the information provided is true and complete. If signed by the parent or legal guardian, I certify that the patient is not [varies by individual state] married, a member of the armed forces or otherwise an emancipated minor. I understand that Kmart Pharmacy may be prohibited by law from providing certain health information and that this information will be redacted from the health information Kmart provides me.

Signature: [Signature]
Printed Name: BRIAN COKE NG

Date: June 29, 2018
Patient
Your Relationship to Patient* (Must Be Completed)

***NOTICE** ALL AUTHORIZATIONS EXECUTED BY PERSONS OTHER THAN THE PATIENT ARE REQUIRED TO BE REVIEWED BY THE LAW DEPARTMENT AT CORPORATE HEADQUARTERS PURSUANT TO THE PROVISIONS OF THE HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT, 45 CFR §164.500, ET SEQ. UNLESS YOU ARE A PARENT OF AN UNEMANCIPATED MINOR PATIENT, ALL PERSONS WHO EXECUTE THIS AUTHORIZATION ON BEHALF OF THE PATIENT ARE REQUIRED TO PROVIDE DOCUMENTATION WHICH LEGALLY EMPOWERS THEM WITH THE AUTHORITY TO RELEASE THE PERSONAL HEALTH INFORMATION SOUGHT. FAILURE TO PROVIDE SUCH DOCUMENTATION WILL RESULT IN A DENIAL OF THE REQUEST TO RELEASE RECORDS.

PHARMACIST MUST COMPLETE THIS SECTION:

VERIFICATION OF ID OF PERSON SIGNING AUTHORIZATION:

☐ Driver's License ☐ Passport ☐ Military
☐ State I.D. ☐ School I.D. (Minor Only)

ID Number & State: _____

PHARMACISTS ACKNOWLEDGEMENT OF ID VERIFICATION:

Pharmacist Full Name: _____

Pharmacist Signature: _____

Date ID Verified: _____

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK

Index No.: 100386/18

-----x
BRIAN COKE NG

**CERTIFICATION OF
BUSINESS RECORDS**

Plaintiffs,

-against-

KMART PHARMACY
KMART HOLDING CORPORATION
SEARS HOLDINGS CORPORATION
SEDGWICK CLAIMS MANAGEMENT SERVICES, INC.
Defendants.

-----x
STATE OF NEW YORK

COUNTY OF _____

I _____, the undersigned herein, being duly sworn, deposes and says:

1. I am the duly authorized custodian or other qualified witness of Mr. Brian Coke Ng's medication profile/records, and the Kmart Pharmacy Notice of Privacy Practices to which maintained as business records of Kmart Pharmacy #7777, and located at 770 Broadway, New York, N.Y. 10003, and have the authority to make the certification.

2. To the best of my knowledge, after reasonable inquiry, Mr. Brian Coke Ng's medication profile/records, and Kmart Pharmacy Notice of Privacy Practices bearing effective date: _____, and bearing the location of: New York or the copies thereof are accurate and genuine versions of the documents described in the subpoena duces tecum that are in the possession, custody or control of Kmart Pharmacy #7777, located at 770 Broadway, New York, N.Y. 10003.

3. To the best of my knowledge, after reasonable inquiry, Mr. Brian Coke Ng's medication profile/records, and Kmart Pharmacy Notice of Privacy Practices bearing effective date(s): _____, and bearing the location of: New York, represent all the documents described in the subpoena duces tecum, except that the following documents are missing for the reason stated: _____

4. Mr. Brian Coke Ng's medication profile/records, and Kmart Pharmacy Notice of Privacy Practices bearing effective date(s): _____, and bearing the location of: New York or copies produced were made by the personnel or staff of the Kmart Pharmacy business, or persons acting under their control, in the regular course of business, at the time of the act, transaction, occurrence or event recorded therein, or within a reasonable time thereafter, and that it was the regular course of business to make such records.

Affiant's Signature

SWORN TO AND SUBSCRIBED before me on this the ____ day of _____, 2018.

SEAL

Notary Public

My commission expires: _____

EXHIBIT 2

SUPREME COURT OF THE STATE OF NEW YORK
COUNTY OF NEW YORK: CIVIL TERM: PART 58

-----X
BRIAN COKE NG,

Plaintiff,

-against-

Index No.
100386/2018

KMART PHARMACY,

Defendant.
-----X

Transcript of Motion Proceedings

New York Supreme Court
111 Centre Street
New York, New York 10007
September 20, 2018

B E F O R E:

HON. DAVID B. COHEN, Justice of the Supreme Court

A P P E A R A N C E S:

BRIAN COKE NG
Plaintiff Pro Se
40 Ann Street
New York, New York 10038

SOBEL PEVZNER, LLC
Attorneys for the Defendant
30 Vesey Street, 8th Floor
New York, New York 10007
BY: HARSHAL JANI, ESQ.

* * * * *

LAURA L. LUDOVICO
Senior Court Reporter
60 Centre Street - Room 420
New York, New York 10007

1 Proceedings

2 THE COURT: Ng versus Kmart.

3 Note your appearances, please, for the record.

4 Counsel.

5 MR. JANI: MY name is Harshal Jani with the law
6 firm of Sobel Pevzner for the Defendants Kmart Pharmacy,
7 Kmart Holding Corporation --

8 THE COURT OFFICER: We're on the record.

9 THE COURT: Tell me your name.

10 MR. COKE NG: Brian Coke Ng.

11 THE COURT: Okay. Your motion is for contempt?

12 MR. COKE NG: Yes, Your Honor.

13 THE COURT: Okay. And what's the contempt you
14 claim, Mr. Coke?

15 MR. COKE NG: Well, I've been impeded from my
16 records. I am not able to have my rights to my record --
17 medical record since 2015.

18 THE COURT: These are your pharmaceutical records
19 from Kmart?

20 MR. COKE NG: Yes, medication record.

21 THE COURT: Specifically, from Kmart Pharmacy?

22 MR. COKE NG: Yes.

23 THE COURT: Why do you need your medication
24 records?

25 MR. COKE NG: I need my medication record in
26 order to prove my case. I cannot prove my case without a

1 Proceedings

2 certified copy of my records.

3 THE COURT: Have you made a demand for those
4 records?

5 MR. COKE NG: Yes, I have requested since 2015.
6 On January 13, 2015 I received a copy of my record and it
7 was attested to. However, upon receiving a copy of the
8 records, I recognized that the last date of entry was
9 incorrect, and the pharmacist who had seen me, and the date
10 that -- last date of entry is removed and replaced by
11 another pharmacist.

12 I addressed that with the pharmacist and I was
13 advised to put my dispute in writing, which I did the same
14 day, January 13 2015. I went back to the pharmacy and I
15 gave her a copy of the dispute regarding the falsification
16 and the alteration.

17 THE COURT: So what you're saying is they
18 provided you all the records you asked?

19 MR. COKE NG: No.

20 THE COURT: They provided you records?

21 MR. COKE NG: Partial, yes.

22 THE COURT: They certified those records, but
23 you're claiming they're altered, is that what you're
24 claiming?

25 MR. COKE NG: They're altered and it was attested
26 to.

1 Proceedings

2 THE COURT: Okay. So it was attested to?

3 MR. COKE NG: The record.

4 THE COURT: Okay. So you're claiming the records
5 they sent you weren't accurate?

6 MR. COKE NG: It wasn't accurate, and by law -- I
7 started the -- the last date of entry should have been
8 September 17, 2010. I have -- the law required Kmart to
9 maintain the records for five years. I went there
10 January 13, 2015 and the record was altered and falsified.

11 I take it up with them, like I have indicated
12 earlier, provided a letter to the pharmacy, as she had
13 requested I put the dispute in writing. And the following
14 day, January 14, 2015, I mail out a copy of the dispute.

15 THE COURT: And did you get the records again?

16 MR. COKE NG: I went there in 2017 and this time
17 my address was changed and I received --

18 THE COURT: Did you move?

19 MR. COKE NG: No, I did not move. I did not
20 request any changes of the records.

21 The reason being for the records I wanted was to
22 pursue a matter related to an injury. Well, I wouldn't say
23 injury, it was more like a misfill of my prescription, and
24 I take it up with them. I wrote a letter.

25 THE COURT: Were you harmed in some way?

26 MR. COKE NG: Well, I was. I was directed in the

1 Proceedings

2 prescription the wrong directions and they misfilled it,
3 the record.

4 THE COURT: Did they give you the right
5 prescription with the wrong instructions or did they give
6 you the right --

7 MR. COKE NG: Yes, wrong instruction and I
8 overtook the medicine.

9 THE COURT: Okay. And?

10 MR. COKE NG: And I develop a serotoninian[sic] and
11 I was to see doctor and everything to that effect.

12 So shortly thereafter I wrote a letter, a
13 complaint --

14 THE COURT: So how much are your damages?

15 MR. COKE NG: For my damages?

16 THE COURT: Yes, how much did this doctor cost
17 you?

18 MR. COKE NG: How much?

19 THE COURT: How much did this doctor cost you?

20 MR. COKE NG: Well --

21 THE COURT: The one that you wouldn't have had to
22 see if not for the medication, according to your claim.

23 MR. COKE NG: It wasn't for the medication, it
24 was submitted to Workers' Compensation at the time because
25 I had a preexisting condition at the time when I was
26 taking --

1 Proceedings

2 THE COURT: Did Workers' Comp pay for that
3 doctor?

4 MR. COKE NG: Yes, I believe so.

5 THE COURT: So you had no out-of-pocket loss or
6 you had a --

7 MR. COKE NG: I did have some out-of-pocket loss.

8 THE COURT: How much?

9 MR. COKE NG: That out-of-pocket loss, I don't
10 have that record with me, but I could provide it to the
11 Court later.

12 THE COURT: Was it more than \$1,000?

13 MR. COKE NG: No.

14 THE COURT: How much?

15 MR. COKE NG: It was perhaps, I would say closer
16 to three, \$400, but that's not what --

17 THE COURT: Okay. Did you suffer any other
18 injury?

19 MR. COKE NG: I had a latent effect -- a latent
20 injury, which I did not claim at the time because the
21 doctor did not found at the time -- he did not found any
22 injury that I could have make a claim, but I did make a
23 complaint to Kmart that --

24 THE COURT: And you have an expert who will
25 confirm that this latent injury was caused by something the
26 pharmacy did wrong?

1 Proceedings

2 MR. COKE NG: Well, the doctor that I have seen
3 recently, I think that was in 2017, I had -- I saw a doctor
4 because of movement disorder and I didn't -- the doctor --
5 I follow up, I still on medication until today, but I don't
6 know if he's expert in this field. She's[sic] a
7 neurologist. I don't know if -- I'm not certain if he is
8 specified in this field, but that's not the claim that I
9 wanted to bring to court.

10 THE COURT: Okay. What's the claim?

11 MR. COKE NG: My claim -- my claim is fiduciary
12 duty breach because at the time when I was given the
13 prescription, I was entitled to a Notice of Privacy
14 Practice and I was not given that. I was given that Notice
15 of Privacy Practice January 13, 2015.

16 THE COURT: Okay. Did they breach your privacy
17 in some way?

18 MR. COKE NG: Yes, because I understood from --
19 the time when I got the Notice of Privacy Practice, that
20 was in January 13, 2015, I realized that where payment
21 should have been made, I paid copayments and I gave them
22 also my Medicaid, my Medicaid card, and I later found out
23 that Medicaid had advised me that they did not receive any
24 claim. So it went to someone else, which I never give any
25 consent for my medicine to be paid for by anybody, but
26 Medicaid.

1 Proceedings

2 So I also understand that there was another
3 company that's showing up on my receipt, which I questioned
4 that company, what was the name of this company that --
5 actually, Vidal and Rodriguez, that showed up on the
6 receipt, and the pharmacist had indicated to me that it was
7 a marketing company.

8 THE COURT: Okay.

9 MR. COKE NG: So having my records -- my mental
10 records forwarded to the various parties, which I did not
11 give consent to, I find very disturbing because I want my
12 records to keep private and --

13 THE COURT: Thank you, Mr. Coke Ng.
14 Counsel.

15 MR. JANI: Just briefly.

16 THE COURT: I have not signed the Order to Show
17 Cause. It came in a day or two days ago. I saw that the
18 case was on for conference. I said I'm going to hold it
19 and see what happens at the conference. Maybe we can
20 resolve this.

21 MR. JANI: Yes. Today is the first day I was on
22 notice of the Order to Show Cause. I did have an
23 opportunity to review it. That Order to Show Cause does
24 seek Mr. Coke's medical profile, which, as he said, he's
25 been provided at least three times before, 2015, 2017, and
26 as early as June of 2018.

1 Proceedings

2 THE COURT: You understand this the same way,
3 though, with respect to the medical records issue that
4 Mr. Coke is not disputing that he received medical records
5 with a certification, he's just claiming that they've been
6 altered by Kmart Pharmacy; is that right?

7 MR. COKE NG: Correct, correct.

8 THE COURT: Okay.

9 MR. JANI: And in terms of the subpoena --

10 THE COURT: What's your position on that?

11 MR. JANI: That it's purely speculative.

12 Mr. Coke's summons and complaint goes into data breaches of
13 IBM and also alterations of his actual medical profile
14 regarding dates and doctors. It's our position that it's
15 purely speculative. There's been nothing in the record
16 that truly puts forth and establishes that there was any
17 breach of privacy or any alterations regarding his medical
18 records in terms of what we were --

19 THE COURT: But that's his -- to the extent
20 that's the claim, that seems like a factual issue for the
21 trier.

22 MR. JANI: Correct.

23 THE COURT: Right?

24 MR. JANI: Yes.

25 THE COURT: And not something that would be the
26 basis of a contempt motion.

1 Proceedings

2 MR. JANI: Correct.

3 THE COURT: You complied with the -- were there
4 subpoenas in the past? There were subpoenas in the past,
5 right?

6 MR. JANI: No.

7 THE COURT: Just requests for the record, you
8 complied and you gave him the records, is that your
9 contention?

10 MR. JANI: Yes.

11 THE COURT: It's just a claim that they were
12 altered, which is something Mr. Coke could potentially
13 raise with the trier of fact.

14 MR. JANI: Agreed, Your Honor.

15 THE COURT: Okay. And what about this claim that
16 his privacy was somehow breached, is that your
17 understanding, that that's ultimately the main claim in
18 this action?

19 MR. JANI: In theory, I think that the main claim
20 as well as Plaintiff has --

21 THE COURT: So that makes his medical records
22 issue seem to be somewhat of an on-the-side issue, it
23 doesn't go to the direct merits of the case or it does?

24 MR. JANI: From what I understand, it seems to be
25 two kind of issues; an issue regarding his privacy or a
26 contention that his privacy records were distributed and

1 Proceedings

2 also that his medical profile, in a sense, was altered and
3 there was a breach of fiduciary duty. But also, our
4 contention stands true that those are speculative and
5 there's establishment of that.

6 In terms of the subpoena that I did read today, I
7 think those are discovery issues regarding providing those
8 requested documents and attesting to those documents. The
9 issue is regarding alleged falsification, which I think is
10 an issue for the trier.

11 MR. COKE NG: I would like to add --

12 THE COURT: Go ahead.

13 MR. COKE NG: -- that -- I would like to add that
14 on March 24, 2017 I visit Kmart and requested a copy to
15 compare that record with the previous one I had in 2015.
16 The address was changed.

17 The pharmacy had advised me at the time that she
18 had no idea who had changed my address because when she
19 started the work in June of 2015, the record was already
20 changed. That's what the pharmacist had advised me.
21 However, upon further receipt of my medication records,
22 I've seen where they -- the pharmacy counsel that I
23 received, that they provide me, my original counsel, does
24 not read the same as the one in Kmart that they provide me
25 and that make it very falsified and fraudulent.

26 THE COURT: Let me stop you.

1 Proceedings

2 Counsel, now, we're on for conference here,
3 right?

4 MR. JANI: Correct.

5 THE COURT: Do we have a conference order or
6 you're waiting to see what I do with the Order to Show
7 Cause?

8 MR. JANI: I would also request an adjournment.
9 Mr. Coke has moved to amend the caption to add three other
10 defendants, as well, which are pharmaceutical companies and
11 middlemen between pharmacy and actual -- I don't even know,
12 but there's John Does and other defendants that are being
13 added, as well as additional claims against my client for
14 aiding and abetting --

15 THE COURT: Now, you want to make a motion?

16 MR. JANI: That motion is still being returnable.
17 It's in eFile submission on 10/2.

18 THE COURT: So you made a motion?

19 MR. COKE NG: No, I made a motion.

20 MR. JANI: He made a motion to amend and I want
21 to oppose that motion, so I would like the pre-note
22 conference and I would request that that be adjourned to
23 allow time for at least those issues to be resolved.

24 THE COURT: A date in December?

25 MR. JANI: That's fair, Your Honor.

26 MR. COKE NG: I may add also --

1 Proceedings

2 THE COURT: Yes, Mr. Coke.

3 MR. COKE NG: Yes, sir. I have a copy of the
4 record for the Court. I can provide the Court with a copy
5 of my originals that I had received from Kmart and for the
6 Court to have an opportunity to compare these records and
7 see the various alterations and falsification in it, and
8 I'm happy to provide the Court for the Court to take a look
9 at it.

10 THE COURT: Okay.

11 (Document was handed to the Court.)

12 THE COURT: Thank you, everyone.

13 Okay. Mr. Cook Ng, I'm not going to sign your
14 Order to Show Cause. The first thing I'll say is that an
15 Order to Show Cause for contempt is required to have
16 specific language and present in a specific way. You don't
17 have that.

18 But separate and apart from that, in everything I
19 hear today, I'm hearing that Kmart provided you the
20 records, however, that your claim is that the records have
21 been altered in some way, and that is, at best, an issue
22 for the trier of fact and not proper for a motion for
23 contempt.

24 MR. COKE NG: Well, it's not on the records, Your
25 Honor. It's not --

26 THE COURT: In addition, I'm going to adjourn the

Proceedings

conference to December 19 at 9:30 pending Plaintiff's
motion to amend the caption. This is obviously a nonfinal
order and I'm marking it denied.

Thank you, everyone.

MR. COKE NG: Sure.

MR. JANI: Thank you, Your Honor.

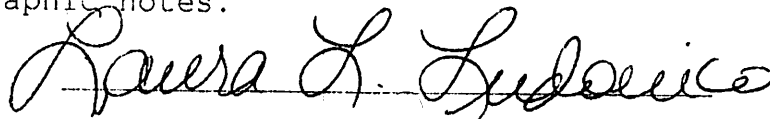
THE COURT: You can take pictures or get a copy
of the order.

MR. JANI: Okay. Thank you, Your Honor.

THE COURT: You're welcome.

* * * * *

I, Laura L. Ludovico, a senior court reporter for
the State of New York, do hereby certify that the foregoing
is a true and accurate transcription of my original
stenographic notes.



Laura L. Ludovico
Senior Court Reporter

EXHIBIT 3

SUPREME COURT OF THE STATE OF NEW YORK
NEW YORK COUNTY

PRESENT: HON. DAVID B. COHEN
J.S.C.

Justice

NG, BRIAN COKE

PART 58

100386-18
INDEX NO. _____

MOTION DATE _____

MOTION SEQ. NO. 4

KMART PHARMACY

The following papers, numbered 1 to _____, were read on this motion to/for _____

Notice of Motion/Order to Show Cause — Affidavits — Exhibits _____

No(s). _____

Answering Affidavits — Exhibits _____

No(s). _____

Replying Affidavits _____

No(s). _____

Upon the foregoing papers, it is ordered that this motion is DECLINED TO SIGN FOR

REASON STATED ON THE RECORD. RECORDS
HAVE BEEN PROVIDED, PLAINTIFF'S CLAIM THAT
THEY HAVE BEEN ALTERED IS, AT BEST, AN
ISSUE FOR THE TRIER OF FACT. ALSO, MOTION FOR
CONTEMPT IS NOT IN PROPER FORM.

CONFERENCE IS ADJOURNED TO 12-19-2018
@ 9:30 AM PENDING PLAINTIFF'S MOTION TO
AMEND THE CAPTION.

MOTION/CASE IS RESPECTFULLY REFERRED TO JUSTICE
FOR THE FOLLOWING REASON(S):

Dated: 3-20-2018



HON. DAVID B. COHEN

J.S.C.

1. CHECK ONE: ☐ CASE DISPOSED ☒ NON-FINAL DISPOSITION
2. CHECK AS APPROPRIATE: MOTION IS: ☐ GRANTED ☒ DENIED ☐ GRANTED IN PART ☐ OTHER
3. CHECK IF APPROPRIATE: ☐ SETTLE ORDER ☐ SUBMIT ORDER
- ☐ DO NOT POST ☐ FIDUCIARY APPOINTMENT ☐ REFERENCE

EXHIBIT 4

Patient: COKE-NG, BRIAN

Last: 11/06/2018 05/15/2010
Total #: 2 \$: 15.40

Carrier: RMP Plan:
Plan Name: RETAIL MAINTENANCE PROGRAM
CardholderID: COKEN7777

Group: RMP

CanPHN/AltID:

Medicaid ID:

Expires:

Senior Cit:
Pat Sign: 1
Elig Ovr:

Billing Seq: 2 Effect:
Patient Elig: Y Relation: 1 Dependent:
Series: ADC: NH: Clinic:
Other Ins: N Loc: SB:
CMS Facility: Residence:

Student:
B/C Home:

Emp:

Pat NoAssign:

Cardholder Information
Name on Card: COKE-NG, BRIAN
COKE-NG

, BRIAN

Worker's Comp: N

Card Eligible: Y

Effect Date:

Expire Date:

Last: 11/06/2018
Elig: 05/15/2010

Carrier: HTR Plan: VRI
Plan Name: PLEASE USE HTR-GOODRX
CardholderID: COKEN7777

Group: UNA4167

CanPHN/AltID:
Medicaid ID:

Billing Seq: 3 Effect:
Patient Elig: Y Relation: 1 Dependent: 01 Expires: Senior Cit:
Series: ADC: NH: Clinic: Student: Pat Sign: 1
Other Ins: N Loc: SB: B/C Home: Elig Ovr:
CMS Facility: Residence:
Pat NoAssign:

Cardholder Information

Name on Card: COKE-NG, BRIAN

COKE-NG

, BRIAN

Card Eligible: Y

Worker's Comp: N

Effect Date:

Last: 11/06/2018

Expire Date:

Elig: 08/16/2010

Patient: COKE-NG, BRIAN

Pg 55 of 107

PAGE3

Last: 11/06/2018 09/22/2010
Total #: 2 \$: 15.40

Carrier: RXE

Plan: 7777

Group: FDCPPA

Plan Name: RXE-AMERICAN HEALTHCARE NTWK

CardholderID: 8182807202

CanPHN/AltID:

Medicaid ID:

Billing Seq: 1 Effect:

Patient Elig: Y Relation: 1 Dependent:

Expires:

Senior Cit:

Series: ADC: NH:

Student:

Pat Sign: 1

Other Ins: N Loc:

B/C Home:

Elig Ovr:

CMS Facility: Residence:

Pat NoAssign:

Emp:

Cardholder Information

Name on Card: COKE-NG, BRIAN

COKE-NG

, BRIAN

Card Eligible: Y

Worker's Comp: N

Effect Date:

Last: 11/06/2018

Expire Date:

Elig: 09/22/2010

EXHIBIT 5

SUPREME COURT OF THE STATE OF NEW YORK, COUNTY OF NEW YORK

BRIAN COKE

N 6

Plaintiff(s)

- against -

INDEX NO. 100786/18

IAS PART

58

KAMANT PHARMACY
KAMANT HOLDING CORP.

Defendant(s).

~~STIPULATION~~ ORDERIT IS HEREBY STIPULATED AND AGREED by and between or among the attorneys
named below as follows:ORDERED ALL PARTIES TO APPEAR
FOR A STATUS CONFERENCE ON

3/13/19 @ 9:30AM

Attorney for Plaintiff(s)

Attorney for Defendant

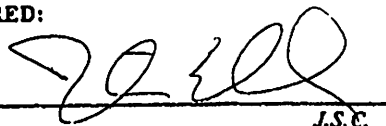
Attorney for Defendant

Attorney for Defendant

Dated: 12/18/18

SO ORDERED:

ENTER:


J.S.C.

FILED

DEC 20 2018

COUNTY CLERK'S OFFICE
NEW YORKHON. DAVID B. COHEN
J.S.C.

EXHIBIT 6

Brian Cokeng
40 Ann Street
New York, N.Y 10038
Tel: 646.736.2952

July 23, 2010

Kmart Corporation #7777
770 Broadway
New York, N.Y. 10003

COMPLAINT

Dear Sir/Madam,

I am writing to submit a complaint about instructions that was given to me at your pharmacy. This matter is regarding a prescribed medicine (Zoloft/sertraline HC, generic for: zoloft) prescription # 6842949 and the Pharmacist who had fill the prescription on July 16, 2010. Please see attachments to this complaint.

The pharmacist misinterpret directions, and/or fills the prescription in a manner other than the way it was ordered by Dr. Rania Attia M.D. (prescriber). See attached copy of the prescription.

It is the pharmacist responsibility to dispense the correct amounts of medication to a patient. I believe that if there was a misunderstanding between the pharmacist and prescriber because of handwriting issue, then a phone call could be made to perhaps clear up such situation.

The pharmacist took inappropriate steps and then printed Three (3) separate labels, then placed each of those labels on three (3) separate bottles containing sertraline, the labels indicated that each of the bottles contained "Qty:90" furthermore, the pharmacist had given me clear written instructions on each labels, on each of the bottles to "take three tablets by mouth in the evening". I had also asked the pharmacist so to confirm the dosage, and I was again verbally informed to "take three tablets from each bottle by mouth in the evening" the pharmacist went on to wrote on each bottle with a pen (1 of 3) (2 of 3) (3 of 3) and further advised that my doctor had ordered the dosage in such manner.

I then went home and took the medicine as I was instructed and as stated on each of those labels on the bottles. Later, the next day I was in the hospital emergency room with serotonin syndrome as a result of the dosage overdose and wrong strength of the sertraline.

This is unacceptable, I do not believe that I should accept any medical issues from the above events and therefore requesting that your company advise on the above matter. Thank you.

Best Regards,

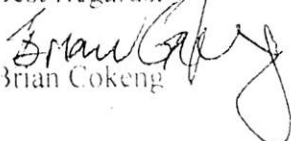

Brian Cokeng

EXHIBIT 7

C-4.2

Use this form to report continuing services. (To report the first time you treated the patient, use Form C-4. To report permanent impairment, use Form C-4.3.)

Please answer all questions completely, attaching extra pages if necessary, and submit promptly to the Board, the insurance carrier and to the patient's attorney or licensed representative, if he/she has one; if not, send a copy to the patient. Failure to do so may delay the payment of necessary treatment, prevent the timely payment of wage loss benefits to the injured worker, create the necessity for testimony, and jeopardize your Board authorization. You may also fill out this form online at www.wcb.state.ny.us

WCB Case Number (if known): [REDACTED] Carrier Case Number (if known): [REDACTED]

1. Name: COKE NG BRIAN 2. Date of injury/illness: 12/17/2007 3. Soc. Sec. # [REDACTED]

1. Name:	Last	First	Middle	City	State	Zip Code
				NY	NY	10038
4. Address (if changed from previous report):	40 ANN STREET			City	State	Zip Code

5. Patient's Account #: _____

1. Your name: SPIEGEL JOHN C 2. A/CB Authorization #: _____

3. WCB Rating Code: _____ 4. Federal Tax ID #: _____ The Tax ID # is the (check one) ☐ SSN ☐ EIN

5. Office address:	80 VANDAM STREET, 2ND FLOOR	NY	NY	10011
	Number and Street	City	State	Zip Code

6. Billing Group or Practice Name: _____

7. Billing address _____

8. Office phone #: (212) 366-8040 9. Billing phone #: () 10. Treating Provider's NPI #: 1283706974

1. Employer's insurance carrier: _____ 2 Carrier Code #: W _____

3. Insurance carrier's address: _____

4. Diagnosis or nature of disease or injury:

Enter ICD9 Code:	ICD9 Descriptor:
294.9	COGNITIVE DISORDER NOS RELATING TO HIS PRE-EXISTING CONDITIONS

(1) THIS PATIENT HAD ONE EPISODE OF OVERDOSE FROM ZOLOFT ON OR ABOUT JULY 18, 2010

(2) THIS PATIENT HAD ONE EPISODE OF OVERDOSE
WHICH WAS IDENTIFIED AFTER THIS SECOND LATEST TOXIC EXPOSURE FROM OVERDOSE

(3) NO INJURY WAS IDENTIFIED AFTER THIS SECOND LATEST TOXIC EXPOSURE FROM 1980-1981. INJURY CAN BE MANIFESTED LATER

(d) WITH REASONABLE DEGREE OF MEDICAL CERTAINTY, A LATENT INJURY CAN BE MANIFESTED LATER

Relate ICD9 codes in (1), (2), (3), or (4) to Diagnosis Code column below by line

[illegible]

<input type="checkbox"/> Check here if services were provided by a WCB preferred provider organization (PPO).	Amount Due (Carrier Use Only)	Amount Due (Carrier Use Only)
	\$	\$

1. Describe any diagnostic test(s) rendered at this visit PATIENT WAS EXAMINED IN MY OFFICE ON JULY 19, 2010 AFTER

1. Describe any diagnostic test(s) rendered at this visit _____
INGESTING TOXIC SUBSTANCES FROM ZOLOFT OVERDOSE PATIENT WAS GIVEN CYPROHEPTADINE

Patient's Name: COKE-NG TRIA Date of injury/onset of illness: 1/1

2. List any changes revealed by your most recent examination in the following: area of injury, type/nature of injury, patient's subjective complaints or your objective findings: no changes cognitively impaired.

is diagnosed by doctor

3. List additional body parts affected by this injury, if any: N/A

4. Based on your most recent examination, list changes to the original treatment plan, prescription medications or assistive devices, if any: none

5. Based on this examination, does the patient need diagnostic tests or referrals? ☐ Yes ☒ No If yes, check all that apply:

Tests:

☐ CT Scan ☐ EMG/NCS

☐ MRI (specify):

☐ Labs (specify):

☐ X-rays (specify):

☐ Other (specify):

Referrals:

☐ Chiropractor

☐ Internist/Family Physician

☐ Occupational Therapist

☐ Physical Therapist

☐ Specialist in

☐ Other (specify):

Important: Form C-4 AUTH should be used to request any special medical service over \$1000 or for those services requiring pre-authorization pursuant to the Medical Treatment Guidelines for the back, neck, knee and shoulder.

6. Describe treatment rendered today:

7. When is patient's next follow-up visit? ☐ Within a week ☐ 1-2 wks ☒ 3-4 wks ☐ 5-6 wks ☐ 7-8 wks ☐ ___ months ☐ as needed

E. Doctor's Opinion (based on this examination)

1. In your opinion, was the incident that the patient described the competent medical cause of this injury/illness? ☒ Yes ☐ No

2. Are the patient's complaints consistent with his/her history of the injury/illness? ☒ Yes ☐ No

3. Is the patient's history of the injury/illness consistent with your objective findings? ☒ Yes ☐ No ☐ N/A (no findings at this time)

4. What is the percentage (0-100%) of temporary impairment? 0%

5. Describe findings and relevant diagnostic test results:

patient is markedly
irreversibly cognitively impaired

F. Return to Work

1. Is patient working now? ☐ Yes ☒ No If yes, are there work restrictions? ☐ Yes ☐ No If yes, describe the work restrictions:

How long will the work restrictions apply? ☐ 1-2 days ☐ 3-7 days ☐ 8-14 days ☐ 15+ days ☐ Unknown at this time

2. Can patient return to work? (check only one):

a. ☒ The patient cannot return to work because (explain): his memory is for too impaired

b. ☐ The patient can return to work without limitations on

c. ☐ The patient can return to work with the following limitations (check all that apply) on

☐ Bending/twisting

☐ Lifting

☐ Sitting

☐ Climbing stairs/ladders

☐ Operating heavy equipment

☐ Standing

☐ Environmental conditions

☐ Operation of motor vehicles

☐ Use of public transportation

☐ Kneeling

☐ Personal protective equipment

☐ Use of upper extremities

☐ Other (explain):

Describe/quantify the limitations:

How long will these limitations apply? ☐ 1-2 days ☐ 3-7 days ☐ 8-14 days ☐ 15+ days ☐ Unknown at this time ☐ N/A

3. With whom will you discuss the patient's returning to work and/or limitations? ☐ with patient ☐ with patient's employer ☐ N/A

4. Would the patient benefit from vocational rehabilitation? ☐ Yes ☐ No

This form is signed under penalty of perjury.

Board Authorized Health Care Provider - Check one

☒ I provided the services listed above.

☐ I actively supervised the health-care provider named below who provided these services

Provider's name

Specialty

Board Authorized Health Care Provider signature

Name

Signature

Specialty

Date

EXHIBIT 8

Sedgwick CMS
P O Box 14448
Lexington, KY 40512-4448



Sedgwick CMS

Sedgwick Claims Management Services, Inc.
Phone: (866)352-1521 Fax: (866)876-7050

03/03/2017

Brian Coke-Ng
Po Box 23723
New York NY 10008

RE: Claimant Name: Brian Coke-Ng
Claim Number: L1702245137-0001
Date of Incident: 02/24/2017

Dear Brian Coke-Ng :

This letter is to advise you we have recently received notice of this matter.

Please be advised Sedgwick Claims Management Services, Inc. is the Third Party Claims Administrator for Kmart Corporation and I am the examiner assigned to your file. On behalf of our client, I would like to apologize for any inconvenience this incident may have caused you.

If we have not yet had the opportunity to speak, please contact me at 866-352-1521. I can be reached weekdays between the hours of 8:00 a.m. and 3:00 p.m. Central Time.

Be advised, under Federal Law (the Medicare, Medicaid, and SCHIP Extension Act of 2007), we have certain reporting requirements to Medicare concerning any and all bodily injury claims. Therefore, for that reporting purpose and in order to assist in the investigation of your claim, please complete Sections I and II of the enclosed Medicare Request for Social Security Number/Health Insurance Claim Number form and return it to me at your earliest convenience. If you are not a Medicare Beneficiary, please indicate that on the form, sign it and return it to me as well.

Be further advised, this information is requested for reporting and claims investigation purposes only and should not be construed as acceptance of the claim. Please feel free to contact me if you have any questions or to discuss the claim.

Sincerely,

Sandra Brach
Claims Representative
(847)645-0951

Sedgwick CMS
P O Box 14448
Lexington, KY 40512-4448



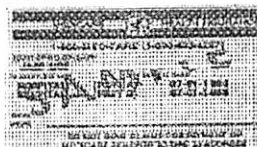
Phone: (866)352-1521 Fax: (866)876-7050

The Centers for Medicare & Medicaid Services (CMS) is the federal agency that oversees the Medicare program. Many Medicare beneficiaries have other insurance in addition to their Medicare benefits. Sometimes, Medicare is supposed to pay after the other insurance. However, if certain other insurance delays payment, Medicare may make a "conditional payment" so as not to inconvenience the beneficiary and recover after the other insurance pays.

Section 111 of the Medicare, Medicaid and SCHIP Extension Act of 2007 (MMSEA), a new federal law that became effective January 1, 2009, requires that liability insurers (including self-insurers), no-fault insurers, and workers' compensation plans report specific information about Medicare beneficiaries who have other insurance coverage. This reporting is to assist CMS and other insurance plans to properly coordinate payment of benefits among plans so that your claims are paid promptly and correctly.

We are asking you to answer the questions below so that we may comply with this law.

Please review this picture of the Medicare card to determine if you have, or have ever had, a similar Medicare card.



Section I

Are you presently, or have you ever been, enrolled in Medicare Part A or Part B?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If yes, please complete the following. If no, proceed to Section II.			
If you have, please print the name exactly as it appears on your ASN or Medicare card. If unavailable, print N/A.			
Medicare Claim Number:		Date of Birth (Mo/Day/Year)	
Social Security Number: (If Medicare Claim Number is Unavailable)		Sex	<input type="checkbox"/> Female <input type="checkbox"/> Male

Section II

I understand that the information requested is to assist the requesting insurance arrangement to accurately coordinate benefits with Medicare and to meet its mandatory reporting obligations under Medicare law.

Brian Coke-Ng L1702245137-0001
Claimant Name (Please Print) Claim Number

Name of Person Completing This Form If Claimant is Unable (Please Print)

Signature of Person Completing This Form Date

If you have completed Sections I and II above, stop here. If you are refusing to provide the information requested in Sections I and II, proceed to Section III.

Section III

Brian Coke-Ng L1702245137-0001
Claimant Name (Please Print) Claim Number

For the reason(s) listed below, I have not provided the information requested. I understand that if I am a Medicare beneficiary and I do not provide the requested information, I may be violating obligations as a beneficiary to assist Medicare in coordinating benefits to pay my claims correctly and promptly.

Reason(s) for Refusal to Provide Requested Information:

I had Never Had Medicare.
I had only Medicaid in about 1998, since then NONE.
Signature of Person Completing This Form Date
April 7, 2017

EXHIBIT 9

Sedgwick Claims Management Services, Inc.
P O Box 14448
Lexington, KY 40512-4448



Phone: (866)352-1521
Fax: (866)876-7050

March 21, 2017

Brian Coke-Ng
Po Box 23723
New York, NY 10008

RE: File Number: L1702245137-0001
Date of Incident: 07/30/2010
Store Number: 07777-NEW YORK

Dear Mr. Coke-Ng:

We have carefully investigated the facts and circumstances surrounding the above incident.

I have reviewed the document provided and determined it does not apply to your specific situation. The document indicates the statute of limitation can be extended for claims involving property on a list of Superfund Sites requiring environmental clean-up as identified by the Environmental Protection Agency because the land had been contaminated by hazardous waste that could pose a health risk. This is not the case with your claim.

The statute for your claim ran 3 years from the date the prescription was filled, or 7/16/2013. Because no legal action was taken prior to the statute extinguishing, we must respectfully deny any claim presented against Kmart Corporation relating to this incident.

However, should you have additional information that has not been presented for review and could impact our denial decision, we ask that you provide that information at this time.

Sincerely,
Sandra L. Brach
Claims Representative
Sandra.Brach@sedgwickcms.com
Sedgwick
866-352-1521 ext. 50951



* c 2 2 3 8 8 6 9 6 . 3 3 8 - 1 8 4 5 *



3/21/2017

L17022451370001

562017032109002



EXHIBIT 10



Sedgwick CMS

Sedgwick Claims Management Services, Inc
PO Box 14448
Lexington, KY. 40512-9951
Phone 866-352-1521
Fax 866-876-7050

June 8, 2017

Via Fax: 212-480-6282
New York State Department of Financial Services
One State Street Plaza
New York, NY 10004

RE: Your File #: CSB-2017-1206059
Complainant: Brian Coke Ng
Claim No.: L1702245137-0001

To Whom It May Concern:

Thank you for the opportunity to address the misunderstanding that has developed between Sedgwick Claims Management Services, Inc. and Brian Coke Ng.

Please note that Sedgwick Claims Management Services, Inc. ("Sedgwick") is the third party claim administrator for Kmart Corporation. Sedgwick is not an insurance carrier. In a good faith effort to resolve this complaint, Sedgwick provides the following information for your file.

Mr. Coke alleges that Sedgwick failed to respond to two new claims submitted May 3, 2017. Sedgwick respectfully denies those allegations. On February 24, 2017, Sedgwick received notice of Mr. Coke Ng's claim from our client, Kmart Corporation. On that date, Mr. Coke Ng sent an email to the pharmacy stating he had sent a complaint to Kmart in July 2010. Attached to his email was a copy of a letter written by him, addressed to Kmart, and dated July 23, 2010. Kmart Corporation has no record of receiving this letter. Sedgwick assigned a claim number, L1702245137-0001, to the matter with date of loss July 16, 2010, according to the date of the alleged pharmacy error.

NOT True

incorrect

Sedgwick's investigation revealed that the statute of limitations had run on July 16, 2013. On March 21, 2017 a letter was sent to Mr. Coke Ng denying his claim and Mr. Coke Ng sent rebuttal emails to Sedgwick dated March 21, 2017, March 29, 2017, March 31, 2017, April 7, 2017, April 28, 2017 and included with those emails were letters dated March 31, 2017 and April 28, 2017. None of the information supplied in Mr. Coke Ng's letters or emails changed the fact that the statute of limitations had run. Sedgwick responded to Mr. Coke Ng reiterating denial of the claim via email on April 28, 2017, March 30, 2017, and March 23, 2017.

The alleged two new claims submitted May 3, 2017 were not new claims. Claim 1 of 2 for Latent Injury: Drug Induced Movement Disorder/Tardive Akathisia was the same claim addressed and for which Sedgwick denied liability on behalf of its client Kmart Corporation under claim number L1702245137-0001.

Claim 2 of 2 for Missing Medical Records, Information, Alteration and Falsification of Medical Records As Well As Professional Misconduct was an additional allegation again related to claim number L1702245137-0001.

Both letters dated May 3, 2017 were addressed to Kmart Corporation and the claim remains denied as it is time-barred.

Again, thank you for the opportunity to respond to Mr. Coke Ng's complaint. Should you require additional information, please contact me at 847-645-0636.

Sincerely,

Bonnie Taskov
Liability Claims Team Lead
Sedgwick

EXHIBIT 11



sedgwick

Sedgwick Claims Management Services, Inc.
P.O. Box 14448, Lexington, KY 40512-4448
Phone (866) 352-1521 Facsimile (866) 876-7050

September 18, 2017

Via Fax: 212-480-6282
New York State Department of Financial Services
One State Street Plaza
New York, NY 10004

RE: Your File #: CSB-2017-1208059
Complainant: Brian Coke Ng
Claim No.: L1702245137-0001

To Whom It May Concern:

Again, thank you for the opportunity to address the misunderstanding that has developed between Sedgwick Claims Management Services, Inc. and Brian Coke Ng. In response to Mr. Coke Ng's rebuttal dated 08/25/17, Mr. Coke Ng has not provided any new information with regards to this claim. Therefore, our response has not changed.

Please note that Sedgwick Claims Management Services, Inc. ("Sedgwick") is the third party claim administrator for Kmart Corporation. Sedgwick is not an insurance carrier. In a good faith effort to resolve this complaint, Sedgwick provides the following information for your file.

Mr. Coke alleges that Sedgwick failed to respond to two new claims submitted May 3, 2017. Sedgwick respectfully denies those allegations. On February 24, 2017, Sedgwick received notice of Mr. Coke Ng's claim from our client, Kmart Corporation. On that date, Mr. Coke Ng sent an email to the pharmacy stating he had sent a complaint to Kmart in July 2010. Attached to his email was a copy of a letter written by him, addressed to Kmart, and dated July 23, 2010. Kmart Corporation has no record of receiving this letter. ~~Sedgwick assigned a claim number, L1702245137-0001, to the matter with date of loss July 16, 2010, according to the date of the alleged pharmacy error.~~ *Not Truthful - incorrect*

Sedgwick's investigation revealed that the statute of limitations had run on July 16, 2013. On March 21, 2017 a letter was sent to Mr. Coke Ng denying his claim and Mr. Coke Ng sent rebuttal emails to Sedgwick dated March 21, 2017, March 29, 2017, March 31, 2017, April 7, 2017, April 28, 2017 and included with those emails were letters dated March 31, 2017 and April 28, 2017. None of the information supplied in Mr. Coke Ng's letters or emails changed the fact that the statute of limitations had run. Sedgwick responded to Mr. Coke Ng reiterating denial of the claim via email on April 28, 2017, March 30, 2017, and March 23, 2017.

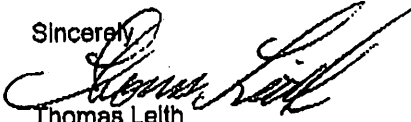
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Claim 2 of 2 for Missing Medical Records, Information, Alteration and Falsification of Medical Records As Well As Professional Misconduct was an additional allegation again related to claim number L1702245137-0001.

Both letters dated May 3, 2017 were addressed to Kmart Corporation and the claim remains denied as it is time-barred.

Again, thank you for the opportunity to respond to Mr. Coke Ng's complaint/rebuttal. Should you require additional information, please contact me at 847-645-0939.

Sincerely,

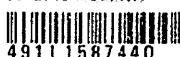
A handwritten signature in black ink, appearing to read "Thomas Leith", written over the word "Sincerely,".

Thomas Leith
Liability Claims Team Lead
Sedgwick

EXHIBIT 12

Prescription #: 6842949
 Prescription For: COKE-NG, BRIAN
 Pharmacist's Name: JOHN HELLYER
 Pharmacy Phone: (212)253-0347
 This drug expires: 05/15/2011

COKE-NG, BRIAN
 SERTRALINE HC 50 MG TAB MY
 Rx: 6842949 COPAY: \$15.00



KMART CORPORATION #7777
 770 BROADWAY
 NEW YORK, NY 10003

(212)253-0347

RECEIPT

Rx: 6842949 Pharmacist: JEH
 COKE-NG, BRIAN (646) 738-2952
 40 ANN ST
 NEW YORK, NY 10038
 SERTRALINE HC 50 MG TAB MYLA NDC:00378-4187-93
 Generic For: ZOLOFT 50MG TAB

Dr. ATTIA, RANIA Subtotal: \$15.00
 Ins.Ref.No# ERX5761501992

05/15/10 Qty: 90 COPAY: \$15.00

RETAIL PRICE: \$83.79

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

DRUG NAME: SERTRALINE HC 50 MG TAB MYLA

GENERIC NAME: SERTRALINE (SER-tra-leen)

COMMON USES: This medicine is a selective serotonin reuptake inhibitor (SSRI) used to treat depression, panic disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), social anxiety disorder (social phobia), and a severe form of premenstrual syndrome called premenstrual dysphoric disorder (PMDD). It may also be used for other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: WARNING: Antidepressants may increase the risk of suicidal thoughts or actions in children, teenagers, and young adults. However, depression and certain other mental problems may also increase the risk of suicide. Talk with the patient's doctor to be sure that the benefits of using this medicine outweigh the risks. Family and caregivers must closely watch patients who take this medicine. It is important to keep in close contact with the patient's doctor. Tell the doctor right away if the patient has symptoms like worsened depression, suicidal thoughts, or changes in behavior. Discuss any questions with the patient's doctor. Some medicines or medical conditions may interact with this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. **DO NOT TAKE THIS MEDICINE** if you are taking a fenfluramine derivative (eg, dexfenfluramine); an H1 antagonist (eg, astemizole, terfenadine); nefazodone; pimozide; sibutramine; or thioridazine. **DO NOT TAKE THIS MEDICINE** if you are taking or have taken a monoamine oxidase inhibitor (MAOI) (eg, phenelzine), selegiline, or St. John's wort within the last 14 days. **ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION** may be needed if you are taking anorexiant (eg, phentermine); linezolid; metoclopramide; serotonin 5-HT1 receptor agonists (eg, sumatriptan); trazodone; anticoagulants (eg, warfarin); aspirin; nonsteroidal anti-inflammatory drugs (NSAIDs) (eg, ibuprofen); diuretics (eg, furosemide, hydrochlorothiazide); tramadol; phenothiazines (eg, chlorpromazine); carbamazepine; cyproheptadine; aripiprazole; clozapine; digoxin; flecainide; lithium; phenytoin; propafenone; risperidone; tricyclic antidepressants (eg, amitriptyline); or valproate (eg, valproic acid). **DO NOT START OR STOP** any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including if you have a history of seizures; heart problems; liver problems; stomach or bowel bleeding; metabolism problems; allergies; pregnancy; or breast-feeding. Tell your doctor if you or a family member has a history of bipolar disorder (manic-depression), other mental or mood problems, suicidal thoughts or attempts, or alcohol or substance abuse. Tell your doctor if you are dehydrated, have low blood sodium levels, drink alcohol, or if you will be having electroconvulsive therapy (ECT). Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for taking this medicine provided by your doctor. This medicine has a **MEDICATION GUIDE** approved by the U.S. Food and Drug Administration. Read it carefully. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine. **TAKE THIS MEDICINE** by mouth with or without food. **STORE THIS MEDICINE** at 77 degrees F (25 degrees C) away from heat, moisture, and light. Brief storage at temperatures between 59 and 86 degrees F (15 and 30 degrees C) is permitted. Do not store in the bathroom. **CONTINUE TO TAKE THIS MEDICINE** even if you feel well. Do not miss any doses. Taking this medicine at the same time each day will help you

(MORE)

Follow directions. Do not stop without Dr approval
 May cause drowsiness. Do not mix with alcohol
 Use caution when driving or operating machinery
 Not recommended for use while breast-feeding
 Notify your Dr if you intend to become pregnant
 Check with Dr. before taking any other medicine
 Promptly report unusual symptoms/effects to Dr
 If condition persists or worsens notify Dr

TxMs (Transaction Message)

KMT1000: CLAIM PAID

KMT1000: CLAIM PAID RX:6842949 FILL:2010-05-15 BIN:810144 PCN:KMRMP

Prescription #: 6842949
 Prescription For: COKE-NG, BRIAN
 Pharmacist's Name: MARC SPEERT
 Pharmacy Phone: (212)253-0347
 This drug expires: 06/14/2011

Pg 76 of 107



KMART CORPORATION #7777
 770 BROADWAY
 NEW YORK, NY 10003

(212)253-0347

RECEIPT

Rx: 6842949 Pharmacist: MLS

COKE-NG, BRIAN

(846) 736-2952

40 ANN ST
NEW YORK, NY 10038

SERTRALINE HC 50 MG TAB MYLA NDC:00378-4187-93

Generic For: ZOLOFT 50MG TAB

Dr. ATTIA, RANIA
Ins.Ref.No# ERX4601116158

Subtotal: \$15.00

06/14/10 Qty: 90

COPAY: \$15.00

RETAIL PRICE: \$83.79

Call your doctor for medical advice about side effects. You
 may report side effects to FDA at 1-800-FDA-1088.

DRUG NAME:

Follow directions. Do not stop without Dr approval
 May cause drowsiness. Do not mix with alcohol
 Use caution when driving or operating machinery
 Not recommended for use while breast-feeding
 Notify your Dr if you intend to become pregnant
 Check with Dr. before taking any other medicine
 Promptly report unusual symptoms/effects to Dr
 If condition persists or worsens notify Dr

TxMs (Transaction Message)

KMT1000: CLAIM PAID

KMT1000: CLAIM PAID RX:6842949 FILL:2010-06-14 BIN:610144 PCN:KMRMP

Prescription #: 6842949
Prescription For: COKE-NG, BRIAN
Pharmacist's Name: JOHN HELLYER
Pharmacy Phone: (212)253-0347
This drug expires: 07/16/2011

RETAIL PRICE: \$84.79

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

DRUG NAME:



KMART CORPORATION #1111
770 BROADWAY
NEW YORK, NY 10003

(212)253-0347

RECEIPT

Rx: 6842949 Pharmacist: JEH

COKE-NG, BRIAN

(846) 738-2952

40 ANN ST
NEW YORK, NY 10038

SERTRALINE HC 50 MG TAB MYLA

NDC:30378-4187-93

Generic For: ZOLOFT 50MG TAB

Dr. ATTIA, RANIA
Ins.Ref.No# ERX3499824459

Subtotal: \$15.00

07/16/10 Qty: 90

COPAY: \$15.00

Follow directions. Do not stop without Dr approval
May cause drowsiness. Do not mix with alcohol
Use caution when driving or operating machinery
Not recommended for use while breast-feeding
Notify your Dr if you intend to become pregnant
Check with Dr. before taking any other medicine
Promptly report unusual symptoms/effects to Dr
If condition persists or worsens notify Dr

TxMs (Transaction Message)

KMT1000: CLAIM PAID

KMT1000: CLAIM PAID RX:6842949 FILL:2010-07-16 BIN:610144 PCN:KMRMP

COKE-NG, BRIAN

Counseling Recd: Refused:

RMP

RETAIL MAINTENANCE PROGRAM

Filed: 08/16/10

Rx: 6845128

Prescription #: 6845128
 Prescription For: COKE-NG, BRIAN
 Pharmacist's Name: TANIA LI
 Pharmacy Phone: (212)253-0347
 This drug expires: 08/16/2011

RETAIL PRICE: \$84.79

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

DRUG NAME: SERTRALINE HC 50 MG TAB MYLA

GENERIC NAME: SERTRALINE (SER-tra-leen)



KMART CORPORATION #7777
 770 BROADWAY
 NEW YORK, NY 10003

(212)253-0347

RECEIPT

Rx: 6845128 Pharmacist: TRL

COKE-NG, BRIAN

(646) 736-2952

40 ANN ST
NEW YORK, NY 10003

SERTRALINE HC 50 MG TAB MYLA NDC:00378-4187-93

Generic For: ZOLOFT 50MG TAB

Dr. GOLDSCHMITT, DAVID
 Ins.Ref.No# ERX11311793821

Subtotal: \$15.00

08/16/10 Qty: 90

COPAY: \$15.00

COMMON USES: This medicine is a selective serotonin reuptake inhibitor (SSRI) used to treat depression, panic disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD), social anxiety disorder (social phobia), and a severe form of premenstrual syndrome called premenstrual dysphoric disorder (PMDD). It may also be used for other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: WARNING: Antidepressants may increase the risk of suicidal thoughts or actions in children, teenagers, and young adults. However, depression and certain other mental problems may also increase the risk of suicide. Talk with the patient's doctor to be sure that the benefits of using this medicine outweigh the risks. Family and caregivers must closely watch patients who take this medicine. It is important to keep in close contact with the patient's doctor. Tell the doctor right away if the patient has symptoms like worsened depression, suicidal thoughts, or changes in behavior. Discuss any questions with the patient's doctor. Some medicines or medical conditions may interact with this medicine. **INFORM YOUR DOCTOR OR PHARMACIST** of all prescription and over-the-counter medicine that you are taking. **DO NOT TAKE THIS MEDICINE** if you are taking a fenfluramine derivative (eg, dexfenfluramine); an H1 antagonist (eg, astemizole, terfenadine); nefazodone; pimozide; sibutramine; or thioridazine. **DO NOT TAKE THIS MEDICINE** if you are taking or have taken a monoamine oxidase inhibitor (MAOI) (eg, phenelzine), selegiline, or St. John's wort within the last 14 days. **ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION** may be needed if you are taking anorexiant (eg, phentermine); linezolid; metoclopramide; serotonin 5-HT1 receptor agonists (eg, sumatriptan); trazodone; anticoagulants (eg, warfarin); aspirin; nonsteroidal anti-inflammatory drugs (NSAIDs) (eg, ibuprofen); diuretics (eg, furosemide, hydrochlorothiazide); tramadol; phenothiazines (eg, chlorpromazine); carbamazepine; cyproheptadine; aripiprazole; clozapine; digoxin; flecainide; lithium; phenytoin; propafenone; risperidone; tricyclic antidepressants (eg, amitriptyline); or valproate (eg, valproic acid). **DO NOT START OR STOP** any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including if you have a history of seizures; heart problems; liver problems; stomach or bowel bleeding; metabolism problems; allergies; pregnancy; or breast-feeding. Tell your doctor if you or a family member has a history of bipolar disorder (manic-depression), other mental or mood problems, suicidal thoughts or attempts, or alcohol or substance abuse. Tell your doctor if you are dehydrated, have low blood sodium levels, drink alcohol, or if you will be having electroconvulsive therapy (ECT). Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for taking this medicine provided by your doctor. This medicine has a **MEDICATION GUIDE** approved by the U.S. Food and Drug Administration. Read it carefully. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine. **TAKE THIS MEDICINE** by mouth with or without food. **STORE THIS MEDICINE** at 77 degrees F (25 degrees C) away from heat, moisture, and light. Brief storage at temperatures between 59 and 86 degrees F (15 and 30 degrees C) is permitted. Do not store in the bathroom. **CONTINUE TO TAKE THIS MEDICINE** even if you feel well. Do not miss any doses. Taking this medicine at the same time each day will help you

(MORE)

Follow directions. Do not stop without Dr approval
 May cause drowsiness. Do not mix with alcohol
 Use caution when driving or operating machinery
 Not recommended for use while breast-feeding
 Notify your Dr if you intend to become pregnant
 Check with Dr. before taking any other medicine
 Promptly report unusual symptoms/effects to Dr
 If condition persists or worsens notify Dr

TxMs (Transaction Message)

KMT1000: CLAIM PAID

Prescription #: 6846142
 Prescription For: COKE-NG, BRIAN
 Pharmacist's Name: DARSHANIE SANKAR
 Pharmacy Phone: (212)253-0347
 This drug expires: 09/17/2011

RETAIL PRICE: \$159.97

Call your doctor for medical advice about side effects. You may report side effects to FDA at 1-800-FDA-1088.

DRUG NAME: BUPROPION HCL 150MG X TAB ANCH

GENERIC NAME: BUPROPION (bue-PROE-pee-on)

COMMON USES: This medicine is an antidepressant used for treating depression and seasonal affective disorder (SAD). It may also be used for other conditions as determined by your doctor.

BEFORE USING THIS MEDICINE: WARNING: Antidepressants may increase the risk of suicidal thoughts or actions in children, teenagers, and young adults. However, depression and certain other mental problems may also increase the risk of suicide. Talk with the patient's doctor to be sure that the benefits of using this medicine outweigh the risks. FAMILY AND CAREGIVERS MUST CLOSELY WATCH patients who take this medicine. It is important to keep in close contact with the patient's doctor. Contact the doctor at once if new, worsened, or sudden symptoms such as agitation; hostility; depressed mood; or any unusual change in mood or behavior occur. Contact the doctor right away if any signs of suicidal thoughts or actions occur. Discuss any questions with the patient's doctor. Some medicines or medical conditions may interact with this medicine. INFORM YOUR DOCTOR OR PHARMACIST of all prescription and over-the-counter medicine that you are taking. DO NOT TAKE THIS MEDICINE IF you are taking another medicine that contains bupropion or if you are taking or have taken a monoamine oxidase inhibitor (MAOI) (eg, phenelzine) within the last 14 days. ADDITIONAL MONITORING OF YOUR DOSE OR CONDITION may be needed if you are taking amantadine, antipsychotics (eg, haloperidol, risperidone), corticosteroids (eg, prednisone), cyclophosphamide, efavirenz, HIV protease inhibitors (eg, nelfinavir, ritonavir) insulin, levodopa, nicotine patches, oral hypoglycemics (eg, glipizide), orphenadrine, sympathomimetics (eg, pseudoephedrine), theophylline, thiotepa, tiagabine, carbamazepine, phenobarbital, phenytoin, rifampin, antiarrhythmics (eg, propafenone, flecainide), beta-blockers (eg, metoprolol), or phenothiazines (eg, thioridazine), selective serotonin reuptake inhibitors (SSRI) antidepressants (eg, fluoxetine), or tricyclic antidepressants (eg, nortriptyline). DO NOT START OR STOP any medicine without doctor or pharmacist approval. Inform your doctor of any other medical conditions, including diabetes, kidney problems, high blood pressure, heart problems (eg, congestive heart failure), recent heart attack, allergies, pregnancy, or breast-feeding. Tell your doctor if you have a history of seizure, head injury, tumor in the brain or spinal cord, or liver problems (eg, cirrhosis). Tell your doctor if you or a family member has a history of bipolar disorder (manic depression), other mental or mood problems (eg, depression), suicidal thoughts or attempts, or alcohol or substance abuse. USE OF THIS MEDICINE IS NOT RECOMMENDED if you have a history of an eating disorder (eg, anorexia, bulimia) or seizures (eg, epilepsy). USE OF THIS MEDICINE IS NOT RECOMMENDED if you are suddenly stopping the use of alcohol or sedatives (eg, benzodiazepines) after long-term use. Contact your doctor or pharmacist if you have any questions or concerns about using this medicine.

HOW TO USE THIS MEDICINE: Follow the directions for taking this medicine provided by your doctor. This medicine has a MEDICATION GUIDE approved by the U.S. Food and Drug Administration. Read it carefully. Ask your doctor, nurse, or pharmacist any questions that you may have about this medicine. TAKE THIS MEDICINE by mouth with or without food. If stomach upset occurs, take with food to reduce stomach irritation. SWALLOW THIS MEDICINE WHOLE. Do not break, crush, or chew before swallowing. STORE THIS MEDICINE at room temperature, between 59 and 86 degrees F (15 and

(MORE)

K Kmart CORPORATION #7777
 770 BROADWAY
 NEW YORK, NY 10003
 (212)253-0347 **RECEIPT**
 Rx: 6846142 Pharmacist: DVS
 COKE-NG, BRIAN (646) 736-2952
 40 ANH ST
 NEW YORK, NY 10038
 BUPROPION HCL 150MG X TAB ANCH NDC:10370-0101-03
 Generic For: WELLBUTRIN XL 150MG TAB
 Dr. KILBANE, EDWARD Subtotal: \$33.63
 Ins.Ref.No# 00006845177701
 09/17/10 Qty: 30 **COPAY: \$33.63**

Do not chew or crush. Swallow whole
 May take with meals if stomach upset occurs.
 Avoid alcohol/products containing alcohol
 Use caution when driving or operating machinery
 Check with Dr. before taking any other medicine
 May cause dizziness. Avoid hazardous activity

EXHIBIT 13

K MART CORPORATION #7777
770 BROADWAY
NEW YORK, NY 10003
(212) 253-0347
DEA: BK5104827
Filled: 05/15/10

Pharmacist: JEH
Rx: 6842949
COKE-NG, BRIAN
SERTRALINE 50 MG TAB MYLA
TAKE THREE TABLETS BY MOUTH IN THE EVENING

DO NOT DRINK ALCOHOLIC BEVERAGES
NEVER TAKE THIS MEDICATION WITH ANOTHER MEDICATION WITHOUT CONSULTING YOUR PHYSICIAN
DO NOT TAKE THIS MEDICATION WITH ANOTHER MEDICATION WITHOUT CONSULTING YOUR PHYSICIAN

PG 81 of 107
Rx: 6842949-1587440 #7777
COKE-NG, BRIAN
PO BOX 23723
NEW YORK, NY 10008
SERTRALINE 50 MG TAB MYLA
Generic For: ZOLOFT 50 MG
NDC: 00378-4187-93
Manuf: MYLAN
Qty: 90 DS: 30
No Refills
TAKE THREE TABLETS BY MOUTH IN THE EVENING

Dr. ATTIA, RANIA
153 WEST 11TH ST
NEW YORK, NY 10011
DEA: AS1837953
RMP NET DUE: \$15.00
NPI: 1376774398
Rx COMMENTS:
Intake: _____ Process: _____
Fulfill: _____ Dispense: _____

Generic For: ZOLOFT 50 MG TAB Qty: 90
Dr. ATTIA, RANIA
No Refills Discard After: 05/15/11

COKE-NG, BRIAN
SERTRALINE 50 MG TAB MYLA
RMP NET DUE: \$15.00
19111587440

Filled By: HELLYER, JOHN
Orig. Rx: 05/04/10
Drug Manuf: MYLAN
NDC: 00378-4187 93

NO COUPONS ALLOWED

RX#: 6842949
6842949 Filled: 05/15/10
COKE-NG, BRIAN
DOB: [REDACTED] Counseling Recd: _____
Refused: _____

THANK YOU FOR SHOPPING AT KMART

Prescription #: 6842949
Prescription For: COKE-NG, BRIAN
Pharmacist's Name: JOHN HELLYER
Pharmacy Phone: (212)253-0347
This drug expires: 05/15/2011

PEOPLE FEEL BETTER COMING HERE

K MART CORPORATION #7777
770 BROADWAY
NEW YORK, NY 10003
(212)253-0347
Rx: 6842949 Pharmacist: JEH
*COKE-NG, BRIAN (646) 820-9238
PO BOX 23723
NEW YORK, NY 10008
SERTRALINE 50 MG TAB MYLA NDC: 00378-4187-93
Generic For: ZOLOFT 50 MG TAB
Dr. ATTIA, RANIA
Ins. Ref. No: 17238339278607599
05/15/10 Qty: 90 RMP NET DUE: \$15.00

RETAIL PRICE: \$83.79
DRUG NAME: SERTRALINE 50 MG TAB MYLA
GENERIC NAME: Sertraline Tablets (SER tra leen)

WARNING: Drugs like this one have raised the chance of suicidal thoughts or actions in children and young adults. The risk may be greater in people who have had these thoughts or actions in the past. All people who take this drug need to be watched closely. Call the doctor right away if signs like low mood (depression), nervousness, restlessness, grouchingness, panic attacks, or changes in mood or actions are new or worse. Call the doctor right away if any thoughts or actions of suicide occur. **COMMON USES:** It is used to treat low mood (depression). It is used to treat obsessive-compulsive problems. It is used to treat panic attacks. It is used to treat post-traumatic stress. It is used to treat mood problems caused by monthly periods. It is used to treat social anxiety problems. It may be given to you for other reasons. Talk with the doctor.

BEFORE USING THIS MEDICINE: WHAT DO I NEED TO TELL MY DOCTOR BEFORE I TAKE THIS DRUG? TELL YOUR DOCTOR: If you have an allergy to sertraline or any other part of this drug. **TELL YOUR DOCTOR:** If you are allergic to any drugs like this one, any other drugs, foods, or other substances. Tell your doctor about the allergy and what signs you had, like rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other signs. **TELL YOUR DOCTOR:** If you have liver disease. **TELL YOUR DOCTOR:** If you are taking any of these drugs: Linezolid or methylene blue. **TELL YOUR DOCTOR:** If you are taking pimozide. **TELL YOUR DOCTOR:** If you have taken certain drugs used for low mood (depression) like isocarboxazid, phenelzine, or tranylcypromine or drugs used for Parkinson's disease like selegiline or rasagiline in the last 14 days. Taking this drug within 14 days of those drugs can cause very bad high blood pressure. **TELL YOUR DOCTOR:** If you are taking any drugs that can cause a certain type of heartbeat that is not normal (prolonged QT interval). There are many drugs that can do this. Ask your doctor or pharmacist if you are not sure. This is not a list of all drugs or health problems that interact with this drug. Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

HOW TO USE THIS MEDICINE: HOW IS THIS DRUG BEST TAKEN? Use this drug as ordered by your doctor. Read all information given to you. Follow all instructions closely. Take with or without food. This drug may affect how much of some other drugs are in your body. If you are taking other drugs, talk with your doctor. You may need to have your blood work checked more closely while taking this drug with your other drugs. To gain the most benefit, do not miss doses. Do not stop taking this drug all of a sudden without calling your doctor. You may have a greater risk of side effects. If you need to stop this drug, you will want to slowly stop it as ordered by your doctor. Keep taking this drug as you have been told by your doctor or other health care provider, even if you feel well. In depression, sleep and appetite may get better soon after starting this drug. Other low mood signs may take up to 4 weeks to get better. **HOW DO I STORE AND/OR THROW OUT THIS DRUG?** Store at room temperature. Keep lid tightly closed. Store in a dry place. Do not store in a bathroom. Keep all drugs in a safe place. Keep all drugs out of the reach of children and pets. Throw away unused or expired drugs. Do not flush down a toilet or pour down a drain unless you are told to do so. Check with your pharmacist if you have questions about the best way to throw out drugs. There may be drug take-back programs in your area. **WHAT DO I DO IF I MISS A DOSE?** Take a missed dose as soon as you think about it. If it is close to the time for your next dose, skip the missed dose and go back to your normal time. Do not take 2 doses at the same time or extra doses. **CAUTIONS:**

(MORE)

KMART CORPORATION #7777
770 BROADWAY
NEW YORK, NY 10003
(212) 253-0347
DEA: BK5104827
Filled: 06/14/10
Pharmacist: MLS
OKE-NG, BRIAN
15-23723 NEW YORK, NY 10008
SERTRALINE 50 MG TAB MYLA
TAKE THREE TABLETS BY
MOUTH IN THE EVENING

WHEN TAKING THIS MEDICATION
DO NOT DRINK
ALCOHOLIC BEVERAGES
DO NOT TAKE THIS MEDICATION
WITH OTHER MEDICATIONS
OR WITH OTHER ALCOHOLIC BEVERAGES
OR WITH OTHER ALCOHOLIC BEVERAGES

8842949 Rx 1580335 #7777 06/14/10
COKE-NG, BRIAN
PO BOX 23723
NEW YORK, NY 10008
SERTRALINE 50 MG TAB MYLA
Generic For: ZOLOFT 50 MG
00378-4187-93
Manuf: MYLAN
Qty: 90 CS: 30
No Refills
DAW: 0
Rph: MLS
TAKE THREE TABLETS BY
MOUTH IN THE EVENING

Dr. ATTIA, RANIA (212) 604-7000
153 WEST 111TH ST
NEW YORK, NY 10027
DEA: AS1837853
RMP NET DUE: \$15.00
NPI: 1378774398
Rx Comments:
Intake: _____ Process: _____
Fulfill: _____ Dispense: _____

Generic For: ZOLOFT 50 MG TAB Qty: 90
ATTIA, RANIA
tel: (212) 604-7000
Discard After: 06/14/11
CFC Federal law PROHIBITS the transfer of this drug to any person other than the person for whom it was prescribed.

Filled By: SPEERT, MARC
Orig Rx: 05/04/10
Drug Manuf: MYLAN
NDC: 00378-4187-93

Rx#: 6842949
6842949 Filled: 06/14/10
COKE-NG, BRIAN
DOB: 06/07/1966
Counseling Recd: _____
Refused: _____

COKE-NG, BRIAN TAB MYLA
SERTRALINE 50 MG TAB MYLA
\$15.00
111580335
NO COUPONS
ALLOWED

NO COUPONS
ALLOWED

THANK YOU FOR SHOPPING AT KMART

Description #: 6842949
Description For: COKE-NG, BRIAN
Pharmacist's Name: MARC SPEERT
Pharmacy Phone: (212) 253-0347
This drug expires: 06/14/2011

KMART CORPORATION #7777
770 BROADWAY
NEW YORK, NY 10003
(212) 253-0347
Rx: 6842949 Pharmacist: MLS
*COKE-NG, BRIAN (646) 820-9238
PO BOX 23723
NEW YORK, NY 10008
SERTRALINE 50 MG TAB MYLA NDC: 00378-4187-93
Generic For: ZOLOFT 50 MG TAB
Dr. ATTIA, RANIA

TAIL PRICE: \$83.79
RUG NAME: SERTRALINE 50 MG TAB MYLA
ENERIC NAME: Sertraline Tablets (SER tra leen)

06/14/10 Qty: 90 RMP NET DUE: \$15.00

WARNING: Drugs like this one have raised the chance of suicidal thoughts in children and young adults. The risk may be greater in people who have had these thoughts or actions in the past. All people who take this drug need to be watched closely. Call the doctor right away if signs of low mood (depression), nervousness, restlessness, grouchiness, panic attacks, or changes in mood or actions are new or worse. Call the doctor right away if any thoughts or actions of suicide occur. COMMON USES: It is used to treat low mood (depression). It is used to treat obsessive-compulsive problems. It is used to treat panic attacks. It is used to treat post-traumatic stress. It is used to treat mood problems caused by monthly periods. It is used to treat social anxiety problems. It may be given to you for other reasons. Talk with the doctor.

BEFORE USING THIS MEDICINE: WHAT DO I NEED TO TELL MY DOCTOR BEFORE I TAKE THIS DRUG? TELL YOUR DOCTOR: If you have an allergy to sertraline or any other part of this drug. TELL YOUR DOCTOR: If you are allergic to any drugs like this one, any other drugs, foods, or other substances. Tell your doctor about the allergy and what signs you had, like rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other signs. TELL YOUR DOCTOR: If you have liver disease. TELL YOUR DOCTOR: If you are taking any of these drugs: mefloquine, trimethoprim-sulfamethoxazole, or methylene blue. TELL YOUR DOCTOR: If you are taking pimozide. TELL YOUR DOCTOR: If you have taken certain drugs used for low mood (depression) like isocarboxazid, phenelzine, or tranylcypromine or drugs used for Parkinson's disease like selegiline or rasagiline in the last 14 days. Taking this drug within 14 days of those drugs can cause very bad high blood pressure. TELL YOUR DOCTOR: If you are taking any drugs that can cause a certain type of heartbeat that is not normal (prolonged QT interval). There are many drugs that can do this. Ask your doctor or pharmacist if you are not sure. This is not a list of all drugs or health problems that interact with this drug. Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check with your doctor to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

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(MORE)

KMART CORPORATION #7777
770 BROADWAY
NEW YORK, NY 10003
(212) 253-0347
DEA: BK5104827
Filled: 07/16/10

Rx: 6842949 Pharmacist: JEH
COKE-NG, BRIAN
SERTRALINE 50 MG TAB MYLA
TAKE THREE TABLETS BY
MOUTH IN THE EVENING

Generic For: ZOLOFT 50 MG TAB Qty: 90
Dr. ATTIA, RANIA
No Refills Discard After: 07/16/11

COKE-NG, BRIAN
SERTRALINE 50 MG TAB MY
6842949 RMP NET DUE: \$15.00
49111593488

Filed By: HELLYER, JOHN
Drug Rx: 05/04/10
Drug Manuf: MYLAN
NDC: 00378-4187-93

NO COUPONS
ALLOWED

Rx: 6842949 rx1593488 #7777 07/16/10
COKE-NG, BRIAN
PO BOX 23723
NEW YORK, NY 10008
SERTRALINE 50 MG TAB MYLA
Generic For: ZOLOFT 50 MG TAB
00378-4187-93
Manuf: MYLAN
Qty: 90 DS: 30 DAW: 0
No Refills Rph: JEH
TAKE THREE TABLETS BY
MOUTH IN THE EVENING

Dr. ATTIA, RANIA
153 WEST 111TH ST
NEW YORK, NY 10001
DEA: AS1837953
RMP NET DUE: \$15.00
RMP
Rx Comments:

Intake: _____ Process: _____
Fulfill: _____ Dispense: _____

RX#: 6842949

6842949 Filled: 07/16/10
COKE-NG, BRIAN

Counseling Recd: _____
DOB: 05/07/1962 Refused: _____

THANK YOU FOR SHOPPING AT KMART

Prescription #: 6842949
Prescription For: COKE-NG, BRIAN
Pharmacist's Name: JOHN HELLYER
Pharmacy Phone: (212)253-0347
This drug expires: 07/16/2011

KMART CORPORATION #7777
770 BROADWAY
NEW YORK, NY 10003
(212)253-0347
Rx: 6842949 Pharmacist: JEH
COKE-NG, BRIAN (646) 820-9238
PO BOX 23723
NEW YORK, NY 10008
SERTRALINE 50 MG TAB MYLA NDC: 00378-4187-93
Generic For: ZOLOFT 50 MG TAB
Dr. ATTIA, RANIA

RETAIL PRICE: \$84.79
DRUG NAME: SERTRALINE 50 MG TAB MYLA
GENERIC NAME: Sertraline Tablets (SER tra leen)

07/16/10 Qty: 90 RMP NET DUE: \$15.00

WARNING: Drugs like this one have raised the chance of suicidal thoughts or actions in children and young adults. The risk may be greater in people who have had these thoughts or actions in the past. All people who take this drug need to be watched closely. Call the doctor right away if signs

like low mood (depression), nervousness, restlessness, grouchiness, panic attacks, or changes in mood or actions are new or worse. Call the doctor right away if any thoughts or actions of suicide occur. **COMMON USES:** It is used to treat low mood (depression). It is used to treat obsessive-compulsive problems. It is used to treat panic attacks. It is used to treat post-traumatic stress. It is used to treat mood problems caused by monthly periods. It is used to treat social anxiety problems. It may be given to you for other reasons. Talk with the doctor.

BEFORE USING THIS MEDICINE: WHAT DO I NEED TO TELL MY DOCTOR BEFORE I TAKE THIS DRUG? TELL YOUR DOCTOR: If you have an allergy to sertraline or any other part of this drug. **TELL YOUR DOCTOR:** If you are allergic to any drugs like this one, any other drugs, foods, or other substances. Tell your doctor about the allergy and what signs you had, like rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other signs. **TELL YOUR DOCTOR:** If you have liver disease. **TELL YOUR DOCTOR:** If you are taking any of these drugs: Linezolid or methylene blue. **TELL YOUR DOCTOR:** If you are taking pimozide. **TELL YOUR DOCTOR:** If you have taken certain drugs used for low mood (depression) like isocarboxazid, phenelzine, or tranylcypromine or drugs used for Parkinson's disease like selegiline or rasagiline in the last 14 days. Taking this drug within 14 days of those drugs can cause very bad high blood pressure. **TELL YOUR DOCTOR:** If you are taking any drugs that can cause a certain type of heartbeat that is not normal (prolonged QT interval). There are many drugs that can do this. Ask your doctor or pharmacist if you are not sure. This is not a list of all drugs or health problems that interact with this drug. Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

HOW TO USE THIS MEDICINE: HOW IS THIS DRUG BEST TAKEN? Use this drug as ordered by your doctor. Read all information given to you. Follow all instructions closely. Take with or without food. This drug may affect how much of some other drugs are in your body. If you are taking other drugs, talk with your doctor. You may need to have your blood work checked more closely while taking this drug with your other drugs. To gain the most benefit, do not miss doses. Do not stop taking this drug all of a sudden without calling your doctor. You may have a greater risk of side effects. If you need to stop this drug, you will want to slowly stop it as ordered by your doctor. Keep taking this drug as you have been told by your doctor or other health care provider, even if you feel well. In depression, sleep and appetite may get better soon after starting this drug. Other low mood signs may take up to 4 weeks to get better. **HOW DO I STORE AND/OR THROW OUT THIS DRUG?** Store at room temperature. Keep lid tightly closed. Store in a dry place. Do not store in a bathroom. Keep all drugs in a safe place. Keep all drugs out of the reach of children and pets. Throw away unused or expired drugs. Do not flush down a toilet or pour down a drain unless you are told to do so. Check with your pharmacist if you have questions about the best way to throw out drugs. There may be drug take-back programs in your area. **WHAT DO I DO IF I MISS A DOSE?** Take a missed dose as soon as you think about it. If it is close to the time for your next dose, skip the missed dose and go back to your normal time. Do not take 2 doses at the same time or extra doses. **CAUTIONS:**

(MORE)

KMT131193: RPH NOTICE: GOVT PLANS ARE NOT ELIGIBLE FOR COB BILLING TO ANY
DISCOUNT CARDS.

K FEED FACE DOWN THIS DIRECTION
KMART CORPORATION #7777
770 BROADWAY
NEW YORK, NY 10003
Rx: 6845128 Pharmacist: TRL
COKE-NG, BRIAN
SERTRALINE 50 MG TAB MYLA
3 TABLETS BY MOUTH ONCE A DAY AT BEDTIME

DO NOT DRINK ALCOHOLIC BEVERAGES WHEN TAKING THIS MEDICATION
DO NOT TAKE THIS MEDICATION WITH ALCOHOL. IT MAY WEAKEN YOUR ABILITY TO OPERATE A VEHICLE, MACHINERY, OR OTHER MAJOR TOOLS.
IT MAY CAUSE DROWSINESS, TALKING ALONG, OR OTHER EFFECTS THAT MAY WEAKEN YOUR ABILITY TO OPERATE A VEHICLE, MACHINERY, OR OTHER MAJOR TOOLS.

Rx: 6845128 Tx: 1598568 #7777 #08/16/10
COKE-NG, BRIAN
PO BOX 23723
NEW YORK, NY 10008
SERTRALINE 50 MG TAB MYLA
Generic For: ZOLOFT 50 MG
NDC: 00378-4187-93
00378-4187-93
Mauit: MYLAN
Qty: 90 DS: 30
No Refills
3 TABLETS BY MOUTH ONCE A DAY AT BEDTIME
Dr. GOLDSCHMITT, DAV (212)312 5070
170 WILLIAM ST
NY, NY 10010
DEA: BG0152843
RMP NET DUE: \$15.00
RMP
Rx Contents:
Intake: _____ Process: _____
Fulfill: _____ Dispense: _____

Generic For: ZOLOFT 50 MG TAB Qty: 90
Dr. GOLDSCHMITT, DAVID
No Refills Discard After: 08/16/11

Filled By: LI, TANIA
Orig. Rx: 05/13/10
Drug Mauit: MYLAN
NDC: 00378-4187-93

CAUTION: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.
COKE-NG, BRIAN
SERTRALINE 50 MG TAB MYLA
6845128 RMP NET DUE: \$15.00
49111598568
COKE-NG, BRIAN
SERTRALINE 50 MG TA

NO COUPONS ALLOWED

RX#: 6845128
6845128 Filled: 08/16/10
COKE-NG, BRIAN
DOB: 09/07/1963
Counseling Recd: _____
Refused: _____

THANK YOU FOR SHOPPING AT KMART

Prescription #: 6845128
Prescription For: **COKE-NG, BRIAN**
Pharmacist's Name: TANIA LI
Pharmacy Phone: (212)253-0347
This drug expires: 08/16/2011

K KMART CORPORATION #7777
770 BROADWAY
NEW YORK, NY 10003 (212)253 0347
Rx: 6845128 Pharmacist: TRL
***COKE-NG, BRIAN** (646) 820-9238
PO BOX 23723
NEW YORK, NY 10008
SERTRALINE 50 MG TAB MYLA NDC: 00378-4187-93
Generic For: ZOLOFT 50 MG TAB
Dr. GOLDSCHMITT, DAVID

RETAIL PRICE: \$84.79
DRUG NAME: **SERTRALINE 50 MG TAB MYLA**
GENERIC NAME: Sertraline Tablets (SER tra leen)

08/16/10 Qty: 90 RMP NET DUE: \$15.00

WARNING: Drugs like this one have raised the chance of suicidal thoughts or actions in children and young adults. The risk may be greater in people who have had these thoughts or actions in the past. All people who take this drug need to be watched closely. Call the doctor right away if signs like low mood (depression), nervousness, restlessness, grouchiness, panic attacks, or changes in mood or actions are new or worse. Call the doctor right away if any thoughts or actions of suicide occur. **COMMON USES:** It is used to treat low mood (depression). It is used to treat obsessive-compulsive problems. It is used to treat panic attacks. It is used to treat post-traumatic stress. It is used to treat mood problems caused by monthly periods. It is used to treat social anxiety problems. It may be given to you for other reasons. Talk with the doctor.

BEFORE USING THIS MEDICINE: WHAT DO I NEED TO TELL MY DOCTOR BEFORE I TAKE THIS DRUG? TELL YOUR DOCTOR: If you have an allergy to sertraline or any other part of this drug. **TELL YOUR DOCTOR:** If you are allergic to any drugs like this one, any other drugs, foods, or other substances. Tell your doctor about the allergy and what signs you had, like rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other signs. **TELL YOUR DOCTOR:** If you have liver disease. **TELL YOUR DOCTOR:** If you are taking any of these drugs: Linezolid or methylene blue. **TELL YOUR DOCTOR:** If you are taking pimozide. **TELL YOUR DOCTOR:** If you have taken certain drugs used for low mood (depression) like isocarboxazid, phenelzine, or tranylcypromine or drugs used for Parkinson's disease like selegiline or rasagiline in the last 14 days. Taking this drug within 14 days of those drugs can cause very bad high blood pressure. **TELL YOUR DOCTOR:** If you are taking any drugs that can cause a certain type of heartbeat that is not normal (prolonged QT interval). There are many drugs that can do this. Ask your doctor or pharmacist if you are not sure. This is not a list of all drugs or health problems that interact with this drug. Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

HOW TO USE THIS MEDICINE: HOW IS THIS DRUG BEST TAKEN? Use this drug as ordered by your doctor. Read all information given to you. Follow all instructions closely. Take with or without food. This drug may affect how much of some other drugs are in your body. If you are taking other drugs, talk with your doctor. You may need to have your blood work checked more closely while taking this drug with your other drugs. To gain the most benefit, do not miss doses. Do not stop taking this drug all of a sudden without calling your doctor. You may have a greater risk of side effects. If you need to stop this drug, you will want to slowly stop it as ordered by your doctor. Keep taking this drug as you have been told by your doctor or other health care provider, even if you feel well. In depression, sleep and appetite may get better soon after starting this drug. Other low mood signs may take up to 4 weeks to get better. **HOW DO I STORE AND/OR THROW OUT THIS DRUG?** Store at room temperature. Keep lid tightly closed. Store in a dry place. Do not store in a bathroom. Keep all drugs in a safe place. Keep all drugs out of the reach of children and pets. Throw away unused or expired drugs. Do not flush down a toilet or pour down a drain unless you are told to do so. Check with your pharmacist if you have questions about the best way to throw out drugs. There may be drug take-back programs in your area. **WHAT DO I DO IF I MISS A DOSE?** Take a missed dose as soon as you think about it. If it is close to the time for your next dose, skip the missed dose and go back to your normal time. Do not take 2 doses at the same time or extra doses. **CAUTIONS:**

(MORE)

KMT131193: RPH NOTICE: GOVT PLANS ARE NOT ELIGIBLE FOR COB BILLING TO ANY DISCOUNT CARDS.

K FEEL FACE DOWN THIS DIRECTION
K MART CORPORATION #7777
 770 BROADWAY
 NEW YORK, NY 10003
 (212) 253-0347
 DEA: BK5104827
 Filled: 09/22/10
 Rx: 6846142 Pharmacist: JEH
COKE-NG, BRIAN
 PO BOX 23723 NEW YORK, NY 10008
BUPROPION HCL X 150MG TAB PARP
TAKE ONE TABLET BY MOUTH
EVERY MORNING

Generic For: WELLBUTRIN XL 150MG TAB Qty30
 Dr. KILBANE, EDWARD
 No Refills Discard After: 09/22/11

CAUTION: Federal law prohibits the transfer of this drug to any person other than the patient for whom it was prescribed.
COKE-NG, BRIAN
 BUPROPION HCL X 150MG TAB PA
 6846142 09/22/10 JEH
 \$33.63
COKE-NG, BRIAN
 BUPROPION HCL X 150MG TA

DO NOT CRUSH
 OR CHEW
 SWALLOW WHOLE
 MAY MAKE YOU DROWSY OR DIZZY DO NOT
 DRIVE ALCOHOL WITH THIS DRUG USE
 CARE WHEN OPERATING A VEHICLE
 ESPECIALLY ON OTHER MEDICATIONS
 Filled By: HELLYER, JOHN
 Orig. Rx: 08/04/10
 Drug Mfg: PAR PHARMA
 NDC: 10370-0101-03

NO COUPONS
 ALLOWED

6846142-1600261 #7777 09/22/10
COKE-NG, BRIAN
 PO BOX 23723
 NEW YORK, NY 10008
BUPROPION HCL X 150MG TAB PARP
 Generic For: WELLBUTRIN XL 150MG TAB
10370-0101-03
 Mfg: PAR PHARMA
 Qty: 30 QS: 30
 No Refills
TAKE ONE TABLET BY MOUTH
EVERY MORNING

Dr. KILBANE, EDWARD (212) 804-8201
 201 WEST 12TH STREET
 NY, NY 10011
 DEA: NPI: 1225287410
HTR NET DUE: \$33.63
 HTR VRI
 Rx Comments:

Intake: Process:
 Fulfill: Dispense:

Rx#: 6846142
 6846142 Filled: 09/22/10 Counseling Recd:
COKE-NG, BRIAN DOB: 09/07/1962 Refused:

THANK YOU FOR SHOPPING AT KMART

Prescription #: 6846142
 Prescription For: **COKE-NG, BRIAN**
 Pharmacist's Name: JOHN HELLYER
 Pharmacy Phone: (212) 253-0347
 This drug expires: 09/22/2011

PEOPLE FEEL BETTER COMING HERE

RETAIL PRICE: \$159.97
 DRUG NAME: **BUPROPION HCL X 150MG TAB PARP**

GENERIC NAME: Bupropion Extended-Release Tablets (byoo PROE pee on)

K MART CORPORATION #7777
 770 BROADWAY
 NEW YORK, NY 10003 (212) 253-0347
 Rx: 6846142 Pharmacist: JEH
***COKE-NG, BRIAN** (646) 820-9238
 PO BOX 23723
 NEW YORK, NY 10008
BUPROPION HCL X 150MG TAB PARP NDC: 10370-0101-03
 Generic For: WELLBUTRIN XL 150MG TAB
 Dr. KILBANE, EDWARD
 09/22/10 Qty: 30 HTR NET DUE: \$33.63

WARNING: Drugs like this one have raised the chance of suicidal thoughts or actions in children and young adults. The risk may be greater in people who have had these thoughts or actions in the past. All people who take this drug need to be watched closely. Call the doctor right away if signs like low mood (depression), nervousness, restlessness, grouchiness, panic attacks, or changes in mood or actions are new or worse. Call the doctor right away if any thoughts or actions of suicide occur. **COMMON USES:** It is used to treat low mood (depression). It is used to treat seasonal affective disorder (SAD). It may be given to you for other reasons. Talk with the doctor.

BEFORE USING THIS MEDICINE: WHAT DO I NEED TO TELL MY DOCTOR BEFORE I TAKE THIS DRUG? TELL YOUR DOCTOR: If you have an allergy to bupropion or any other part of this drug. **TELL YOUR DOCTOR:** If you are allergic to any drugs like this one, any other drugs, foods, or other substances. Tell your doctor about the allergy and what signs you had, like rash; hives; itching; shortness of breath; wheezing; cough; swelling of face, lips, tongue, or throat; or any other signs. **TELL YOUR DOCTOR:** If you have ever had seizures. **TELL YOUR DOCTOR:** If you drink a lot of alcohol and you stop drinking all of a sudden. **TELL YOUR DOCTOR:** If you use certain other drugs like drugs for seizures or anxiety and you stop using them all of a sudden. **TELL YOUR DOCTOR:** If you have ever had an eating problem like anorexia or bulimia. **TELL YOUR DOCTOR:** If you have any of these health problems: Kidney disease or liver disease. **TELL YOUR DOCTOR:** If you have taken certain drugs used for low mood (depression) like isocarboxazid, phenelzine, or tranylcypromine or drugs used for Parkinson's disease like selegiline or rasagiline in the last 14 days. Taking this drug within 14 days of those drugs can cause very bad high blood pressure. **TELL YOUR DOCTOR:** If you are taking any of these drugs: Linezolid or methylene blue. **TELL YOUR DOCTOR:** If you are taking another drug that has the same drug in it. This is not a list of all drugs or health problems that interact with this drug. Tell your doctor and pharmacist about all of your drugs (prescription or OTC, natural products, vitamins) and health problems. You must check to make sure that it is safe for you to take this drug with all of your drugs and health problems. Do not start, stop, or change the dose of any drug without checking with your doctor.

HOW TO USE THIS MEDICINE: HOW IS THIS DRUG BEST TAKEN? Use this drug as ordered by your doctor. Read all information given to you. Follow all instructions closely. Do not take this drug more often than you are told. This may raise the risk of seizures. Be sure you know how far apart to take your doses. Take in the morning if taking once a day. Take with or without food. If you are not able to sleep, do not take this drug too close to bedtime. Talk with your doctor. Swallow whole. Do not chew, break, or crush. To gain the most benefit, do not miss doses. Keep taking this drug as you have been told by your doctor or other health care provider, even if you feel well. If you have trouble swallowing, talk with your doctor. **HOW DO I STORE AND/OR THROW OUT THIS DRUG?** Store at room temperature. Protect from light. Store in a dry place. Do not store in a bathroom. Keep all drugs in a safe place. Keep all drugs out of the reach of children and pets. Throw away unused or expired drugs. Do not flush down a toilet or pour down a drain unless you are told to do so. Check with your pharmacist if you have questions about the best way to throw out drugs. There may be drug take-back programs in your area. **WHAT DO I DO IF I MISS A DOSE?** Skip the missed dose and go back to your normal time. Do not take 2 doses at the same time or extra doses.

CAUTIONS: For all patients taking this drug: Tell all of your health care providers that you take this drug. This includes

(MORE)

KMT131193: RPh NOTICE: GOVT PLANS ARE NOT ELIGIBLE FOR COB BILLING TO ANY DISCOUNT CARDS.

EXHIBIT 14

M E D I C A L E X P E N S E SCOKEBR1
Patient: COKE-NG, BRIAN

Pharmacy: KMART CORPORATION #7777

RespPty:
40 ANN ST770 BROADWAY
NEW YORK NY 10003
RPh: GOLDENBERG, YELENA

Birth: NEW YORK NY 10038 2440

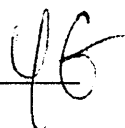
Prescriptions:

Date: 01/01/2009 TO 12/31/2014

LastFill	Rx #	Drug Name	Qty	Physician Name	T/P	Price	RPh
05/15/10	6842949	SERTRALINE 50 MG	90	Dr.ATTIA	RMP	15.00	JEH
06/14/10	6842949	SERTRALINE 50 MG	90	Dr.ATTIA	RMP	15.00	MLS
07/16/10	6842949	SERTRALINE 50 MG	90	Dr.ATTIA	RMP	15.00	JEH
08/16/10	6845128	SERTRALINE 50 MG	90	Dr.GOLDSCHMITT	RMP	15.00	TRL
09/22/10	6846142	BUPROPN HCL X 150MG	30	Dr.KILBANE	HTR	33.63	JEH

Report Date: 01/13/2015

\$93.63

Attested To By: _____
Registered Pharmacist

M E D I C A L E X P E N S E S

COKEBR1
Patient: COKE-NG, BRIAN
RespPty: PO BOX 23723

Pharmacy: KMART CORPORATION #7777
770 BROADWAY
NEW YORK NY 10003
RPh: HOM, JESSICA

Birth: NEW YORK NY 10008

Prescriptions:

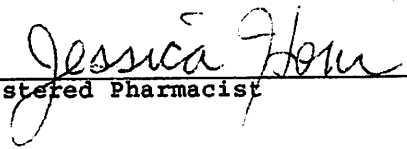
Date: 01/01/2009 TO 01/01/2017

LastFill	Rx #	Drug Name	Qty	Physician Name	T/P	Price	RPh
05/15/10	6842949	SERTRALINE 50 MG	90	Dr.ATTIA	RMP	15.00	JEH
06/14/10	6842949	SERTRALINE 50 MG	90	Dr.ATTIA	RMP	15.00	MLS
07/16/10	6842949	SERTRALINE 50 MG	90	Dr.ATTIA	RMP	15.00	JEH
08/16/10	6845128	SERTRALINE 50 MG	90	Dr.GOLDSCHMITT	RMP	15.00	TRL
09/22/10	6846142	BUPROPN HCL X 150MG	30	Dr.KILBANE	HTR	33.63	JEH

Report Date: 03/24/2017

\$93.63

Attested To By:


Registered Pharmacist

7777 Kmart
770 BROADWAY
NEW YORK, NY 10003

M E D I C A L E X P E N S E SCOKEBR1
Patient: COKE-NG, BRIAN

Pharmacy: KMART CORPORATION #7777

RespPty: PO BOX 23723

770 BROADWAY
NEW YORK NY 10003
RPh: HELLYER, JOHN E

Birth: NEW YORK NY 10008

Tel: 212-253-0347 Fax: 847-396-3197
Date: 01/01/2010 TO 06/15/2018Prescriptions:

LastFill	Rx #	Drug Name	Qty	Physician Name	T/P	Price	RPh
05/15/10	6842949	SERTRALINE 50 MG	90	Dr.ATTIA	RMP	15.00	JEH
06/14/10	6842949	SERTRALINE 50 MG	90	Dr.ATTIA	RMP	15.00	MLS
07/16/10	6842949	SERTRALINE 50 MG	90	Dr.ATTIA	RMP	15.00	JEH
08/16/10	6845128	SERTRALINE 50 MG	90	Dr.GOLDSCHMITT	RMP	15.00	TRL
09/22/10	6846142	BUPROPN HCL X 150MG	30	Dr.KILBANE	HTR	33.63	JEH

Report Date: 06/15/2018

\$93.63

Attested To By:

Registered Pharmacist

EXHIBIT 15

Mr. Coke,

Hope all is well. I was out of the office due to the holiday. We have spoken with the custodian of records for Kmart Pharmacy and have been advised that you have been previously provided the documents sought in the Subpoena Duces Tecum from the pharmacist at the Kmart location multiple times in the past. Therefore, the subpoena request has been complied with.

Additionally, as there is a pending motion to amend the Complaint to add additional parties and additional new claims against my client, we suggest amicably working out any issues at the upcoming Preliminary Conference scheduled for September 20, 2018. Lastly, as previously stated our client is open to alternative dispute resolution, however we have yet to receive a proper numerical settlement demand from you. Please provide a numerical settlement demand after which we will be in a position to discuss same with our client and engage in settlement discussions with you.

Best,
Harshal

Harshal Y. Jani, ESQ.
SOBEL PEVZNER, LLC.
Attorneys at Law
30 Vesey Street, 8th Floor
New York, New York 10007
P. 212.216.0020
F. 646.688.3646
HJani@sobelpevzner.com

Subject: FW: Brian Coke Ng v. Kmart Pharmacy et. al Index No. 100386/2018

From: Brian AC Ng <[REDACTED]>
Sent: Wednesday, September 12, 2018 3:08 PM
To: Harshal Y. Jani <hjani@sobelpevzner.com>
Subject: Re: Brian Coke Ng v. Kmart Pharmacy et. al Index No. 100386/2018

Mr. Jani,

With all due respect, and as you should know, the Judicial Subpoena Duces Tecum dated June 29, 2018 has not been complied with one way or the other. Whether it's you or the custodian of records for Kmart Pharmacy making such statements that "the documents sought in the Subpoena Duces Tecum" "have been previously provided" by "pharmacist at the Kmart location multiple times in the past." is careless, reckless, dangerous and a complete disregard of the Court issued Ordered Judicial Subpoena Duces Tecum. That's very disrespectful, and you should know better.

You had served an unsworn response to the Notice to Admit, which presented to you the documents from Kmart Pharmacy, which included the altered and falsified medication profile/records that was created on January 13, 2015, and the Kmart Notice of Privacy Practices with effective date September 2, 2014. No one admit to anything.

To be clear, The Court Ordered Judicial Subpoena Duces Tecum dated June 29, 2018, stated that the certified copy of every part of the medication profile/records with the accompanying certification of business records sworn and signed to must be forwarded to the New York County Supreme Court Subpoenaed Records Room 60 Centre Street, Room 145-M, New York, New York 10007. The Kmart Custodian, if any, was careless and reckless and you should have known better not to tell me the things Kmart Custodian had advised your law firm.

With respect to reaching a mutual settlement of all matters and put everything to rest, I previously requested to let us stipulate and invite the Supreme Court office of alternative dispute resolution (ADR) to help us reach a reasonable settlement resolution, that means we would hold off on any and all proceedings or any activities currently pending before the Court in the lawsuit until the end of the ADR. I do not agree for us to first meet with the judge in an initial conference. Certainly, that is not wise to use up Court room time, and the judge very important time, and court room reporters time, and court resources to discuss settlement.

You have insisted that I provide a numerical settlement demand. As we do not engage the ADR yet to help us determine the value of this case, I would like to set forth for a consideration of settlement, and I respectfully says \$3.8 million dollars. If this is not acceptable or if you have another offer for settlement please provide such counter offer for consideration as I am still open to a reasonable settlement and alternative dispute resolution. Thank you.

Best Regards,
Brian Coke Ng

On Sep 12, 2018, at 9:43 AM, Harshal Y. Jani <hjani@sobelpevzner.com> wrote:

EXHIBIT 16

Subject: Re: Brian Coke NG.
From: Brian Cokeng (bcokebmw@yahoo.co.uk)
To: rshulman@sobelpevzner.com; hjani@sobelpevzner.com;
Date: Thursday, 4 October 2018, 17:38

Dear Mr. Jani,

Thanks for your email with accompanying attachments yesterday. Please see my response attached, hereto.
Thank you.

Best Regards,
Brian Coke Ng

On Wednesday, 3 October 2018, 13:16, Rimma Shulman <rshulman@sobelpevzner.com> wrote:

Dear Mr. Brian Coke NG.

Enclosed, please find a courtesy copy of our opposition which was mailed to you on October 2, 2018.

Thank you
Rimma

Rimma M. Shulman
Paralegal
SOBEL PEVZNER, LLC
Attorneys at Law
30 Vesey Street, 8th Floor
New York, New York 10007
P. 212-216-0020
F. 646-688-3646
RShulman@SobelPevzner.com

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Attachments

- Brian Coke Ng to Harshal Jani.PDF (2.97 MB)

Brian Coke (Claimant)
Church Street Station, PO Box 2723
New York, N.Y 10008
646.820.9238

Index No.: 100386/2018

October 4, 2018

Via email to: Harshal Jani

SOBEL PEVZNER LLC
30 Vesey Street, 8th Floor
New York, N.Y. 10007

BRIAN COKE NG v. KMART PHARMACY..et. al.

LETTER/NOTICE

Dear Mr. Jani,

Thanks for your email yesterday with its attached courtesy copy of your affirmation in opposition to Plaintiff's motion for leave to file a supplemental summons and second amended verified complaint. However, I will not reply to such affirmation, instead, I intend to submit an application to the court to withdraw my pending Notice of Motion for reasons below as follows:

Plaintiff Position On Good Faith Negotiations Has Been Derailed

1. Time Wasted on "settlement Negotiations" and the parties efforts and interests to participate in "alternative dispute resolution" (ADR) program provided by the New York County Supreme Court Commercial Division. Simply put, my good faith negotiations with defense counsel(s) has been Sabotaged by the defendant(s) using a variety of bad faith negotiation tactics. My simple and honest approach has been derailed by the defendant(s) looking to gain an advantage.

Demands For Disclosure Of Insurance

2. On June 11, 2018, your office was served by certified mail, with a copy of plaintiff's demands for the disclosure of the existence and contents of any insurance agreement(s), including umbrella or excess coverage, as described in CPLR §3101(f) up the defendant(s) Kmart Pharmacy. To date, no response receive from defendants Kmart Pharmacy. Simply put, to disclose in good faith creates trust, to conceal may prevent a settlement.

Demands For Damages

3. On July 27, 2018, the defendants by their counsel and plaintiff both had engaged to facilitate both sides interests and did in fact initiated efforts for monetary negotiations. Specifically, defense counsel had demanded settlement amounts. On August 1, 2018, I responded in writing, and one of my specific request is "a reasonable amount(s) not exceeding insurance policy limits. Shortly thereafter, defense counsel during our lengthy telephone conversations, had indicated that my demands was somewhat "Generic" and that he needed real numbers.

4. As with good faith, I had responded to the defendant(s) by submitting a second written response to defendants demand for a settlement amounts. Defense counsel in follow up telephone conversations stated that he did not understand the settlement amounts I had presented. I had clearly expressed to defense counsel and suggested inviting or engaged the supreme court ADR program that have a good and excellent reputation in resolving matters of this kind.

5. Although the defendants had not yet complied with plaintiff's demands for Disclosure of Insurance , I did not file any motion to compel them since the parties had been engaged in the settlement negotiations.

Plaintiff's Continuing Position On Disclosure of Insurance Coverage/Disclaimer/Consent

6. Good faith requires that all coverage, both primary and excess be disclosed in advance of the alternative dispute resolution and mediation joint session. If there is a self-insured retention (SIR) that must be exceeded before coverage comes into play—this should also be disclosed. Coverage limits and whether there is a SIR often directly affects the demand that is made by the plaintiff.

7. If the defendant has a policy of insurance, but there is an issue as to the availability of coverage due to a disclaimer, or if a defense is being provided with a reservation of rights, good faith requires that this be disclosed prior to the alternative dispute resolution and mediation joint session. If a declaratory judgment action has been commenced based on a disclaimer, this should also be disclosed. All too often declaratory judgment actions are commenced on the eve of the alternative dispute resolution and mediation joint session. It is an unacceptable tactic routinely used to diminish the plaintiff's negotiating position and can create very serious ethical issues.

8. Frequently, in many instances there is the disclosure of the primary policy limits prior to the alternative dispute resolution and mediation joint session but the existence of excess coverage is disclosed for the first time at the alternative dispute resolution and mediation joint session. Again, excess coverage limits may significantly affect the demand made by the plaintiff and must be disclosed in advance. The identity of the excess insurers should also be disclosed so the plaintiff knows who he or she will potentially be negotiating with. Good practice on the part of a plaintiff is to ensure that plaintiff have all of the foregoing information in advance of the alternative dispute resolution and mediation joint session. If there is a representation that there is only primary coverage, plaintiff's need to obtain an affidavit of "no-excess."

9. A separate issue is that of eroding policy limits. Coverage may be eroded by counsel fees or by other claims that have been paid out during the same policy period. This is common in professional liability, employment, and construction policies, among others. Good faith requires that this be disclosed in advance of the alternative dispute resolution and mediation joint session. In fact, the failure to disclose such if one has knowledge of the existence of the additional coverage is not good faith and, again, raises serious ethical issues.

10. Finally, if a policy requires the consent of the insured to settle, and consent is an issue, good faith requires that this be disclosed well in advance of the alternative dispute resolution and mediation joint session. It is understandable that the purpose of the alternative dispute resolution and mediation joint session may often be to obtain the insured's consent, but in fairness, all parties should be aware that this is an issue that will eventually have to be addressed at the alternative dispute resolution and mediation joint session.

**Conduct of Counsel During the Negotiation And
Efforts For Alternative Dispute Resolution**

11. Although I had tried to explain my position with respect to the request for disclosure of Insurance to the defense counsel, on September 12, 2018, the defense counsel had sent me an email and stated in separate parts, on quote: " *Additionally, as there is a pending*

motion to amend the Complaint to add additional parties and additional new claims against my client, we suggest amicably working out any issues at the upcoming Preliminary Conference scheduled for September 20, 2018. Lastly, as previously stated our client is open to alternative dispute resolution, however we have yet to receive a proper numerical settlement demand from you. Please provide a numerical settlement demand after which we will be in a position to discuss same with our client and engage in settlement discussions with you. "

12. Upon this email from defense counsel, I had accepted and agreed with his latest proposal, suggestions and demands, and to which I must provide a "**numerical settlement demand**" I then had replied to his email and had proposed \$3.8 million, and had specifically stated in my email to him, that " If this is not acceptable or if you have another offer for settlement please provide such counter offer for consideration as I am still open to a reasonable settlement and alternative dispute resolution."

13. On September 17, 2018, less than 12. hours before the return date (September 18, 2018) pertaining to the Notice of Motion, the defense counsel had made contact with me by telephone and advised that he need time to respond to and/or to submit defendants opposition papers, and had further advised that he will seek to get an adjournment for the Preliminary conference that was on schedule for September 20, 2018, the same conference to which defense counsel had proposed and/or suggested both sides to "**amicably working out any issues**".

14. Notably, for the first time, defense counsel had also advised me, during our telephone conversations on September 17, 2018, that he had no authority to settle this case. Such statements were now in direct conflict with his prior statements, including those made in his September 12, 2018 email to me.

Appearances For September 20, 2018 Preliminary Conference

15 According to the "Special Notice To Counsel Regarding Prenote Blockbuster Conference", that I had received from the Court, it has been noted in separate parts, that, on quote: "Only counsel fully familiar with and authorized to settle, stipulate, or dispose of the case may appear at this conference.". But, lo and behold, the very same defense attorney who had claimed that he has no authority to settle, was indeed the same defense attorney who had appeared at the court and addressed matters pertaining to the case, and got the conference adjourned to December 19, 2018. Such a conduct had also raises serious ethical issues. I do not intend to accept any such conduct.

**I Have Been Misled. My Time Had Been Wasted On These Kind Of Misleading Settlement
Negotiations, Proposed Interests For Alternative Dispute Resolution And Certain Efforts
To Participate In Mediation**

16. The conduct described and stated above, is not acceptable. I rejected these kinds of behaviors from you or the defendants, and found it to be inappropriate and not proper. Do not make, create, or lead on settlement negotiations, proposals, or give certain suggestions that you are not fully ready to honor. You've furtherance everything by misrepresentation, and then come to advised at the end that you have no authority to settle the case. I will not accept such behavior.

17. This matter should be presented to the court. Because, in no way, shape or form, will I ever accept this kind of behavior. Never will.

18. Please contact me immediately, or as soon as possible, or have someone else make contact to address the above matter, and to properly discuss and find ways for a peaceful resolution of all matters. Thank you.

Best Regards,

Brian Coke Ng

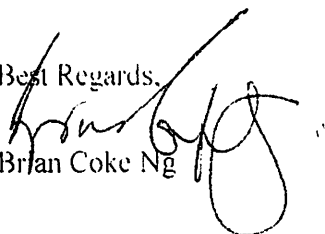


EXHIBIT 17

Xie Yi Medical Office P.C.

Xie, Yi, MD

139 Centre St. New York NY 10013 Tel: 917-639-3284 Fax: 917-639-3224	5724 7TH AVE BROOKLYN NY 11214 Tel: 917-639-3284 Fax: 917-639-3224	5724 7TH AVE BROOKLYN NY 11220 Tel: 917-326-9898 Fax: 917-639-3224	5724 7TH AVE BROOKLYN NY 11220 Tel: 917-639-3284 Fax: 917-639-3224
---	---	---	---

NAME: COKE NG, BRIAN A **GENDER:** Male **DOB:** [REDACTED] **AGE AS OF 01/08/2019:** [REDACTED]
ADDRESS: 40 ANN ST1FL NEW YORK NY 10038 **TEL:** 646-820-9238
OFFICE VISIT DATE: 01/08/2019 **Time:** 03:00:00 PM

Chief Complaint

Source of History: Patient **Reliability:** Good

Reason for Visit:

INVOLUNTARY LIMB MOVEMENTS

History of Present Illness:

This patient COKE NG, BRIAN A is a 56y old Male that reports for a follow up visit.

Since last visit, the patient had difficulty falling asleep at night due to his involuntary movements but overall, had improved compared to initial visit. He had been taking Lorazepam 0.5MG tablet po qhs prn, and Diphenhydramine 25MG po qhs prn w/o significant improvement. He felt stressed and more depressed in the past 2 weeks due to "false allegations against him." He had decreased appetite and "does not feel like himself." Patient had not followed up psychiatrist "for a while" due to insurance issues.

Patient had a sudden onset of vomiting for 2 weeks. He was admitted to ED and was told psychogenic vomiting.

Denied headache, and fever.

Interval History:

54 YEARS OLD MALE PATIENT PRESENTED WITH INVOLUNTARY MOVEMENTS X 3 MONTHS.

THE PATIENT STARTED TO HAVE INVOLUNTARY LEG MOVEMENTS IN 12/2016. THE PATIENT HAD JUMPING LEG DURING THE NIGHT AND DAY. THE PATIENT'S WIFE COMPLAINED THE MOVEMENTS WERE FREQUENT AND SEVERE. SHE WAS WOKEN UP FREQUENTLY AT NIGHT DUE TO HIS MOVEMENTS. THE SYMPTOMS WERE GETTING WORSE RECENTLY. THE MOVEMENTS INTERFERED WITH HIS DAILY ACTIVITIES. HE FELT UNSTEADY WHEN HE WAS WALKING AND WAS CONSTANTLY MOVING HIS ARMS AND LEGS WHEN HE WAS SITTING.

THE PATIENT WAS DIAGNOSED WITH DEPRESSION IN 2010. HE WAS PRESCRIBED ZOLOFT. THE PATIENT HAVE ONE EPISODE OF OVERDOSE ON ZOLOFT. THE PATIENT WENT TO DR. JOHN AND HAD DRUGS FLUSHED OUT OF HIS SYSTEM.

DENIED SLEEPWALKING, COGNITIVE FUNCTION DECLINE, HALLUCINATIONS AND NUMBNESS OF HIS EXTREMITIES.

Past Medical History:

- (1) Asthma (493.9/J45.909)
- (2) Hypertension (401.1/I10)
- (3) Diabetes: (Type II)
- (4) DEPRESSION, ASTHMA

Family History:

No Significant Family History

Surgical History:

- (1) No Significant Surgical History

Allergy:

Medication

No Known Medication Allergy

Food

No known Food Allergy

Environmental

No known Environmental Allergy

Social History:

- (1) No Significant Social History
Never smoker.

Active Medication List:

- (1) ADVAIR 250-50 DISKUS (-now)
(2) ADVAIR 250-50 DISKUS **SIG:** 1 INHALATION BLISTERS BID **Disp:** 1 Vial (02/28/2017-now)
(3) AMANTADINE 100 MG CAPSULE (-now)
(4) BENZTROPINE MES 0.5 MG TAB (-now)
(5) Benztropine Mesylate 0.5 MG TABLET **SIG:** 1 TABLET PO BID **Disp:** 60 Tablet **Refill:** 0 (02/28/2017-now)
(6) BUPROPION HCL XL 150 MG TABLET (-now)
(7) CLONAZEPAM 0.5 MG TABLET (-now)
(8) COMBIVENT RESPIMAT INHAL SPRAY 20-100 (02/28/2017-now)
(9) IP RAT-ALBUT 0.5-3(2.5) MG/3 ML 0.5-3MG **SIG:** USE 1 VIAL Q6H PRN **Disp:** 30 Vial (02/28/2017-now)
(10) MIRTAZAPINE 7.5 MG TABLET (-now)
(11) MONTELUKAST SOD 10 MG TABLET **SIG:** 1 TABLET PO QHS **Disp:** 30 Tablet (02/28/2017-now)
(12) PROVENTIL HFA 90 MCG INHALER (02/28/2017-now)

Notes:

2010 - SERTRALINE HCL (ZOLOFT) 50 MG TABLET - 1 TABLET PO QHS 2012 - BUPROPION HCL XL 300 MG TABLET PO QAM, QUETIAPINE PUMARATE 25 MG TABLET PO QHS 2017 - DONEPEZIL HCL 10 MG PO QDAILY

Problem List:

- (1) 02/28/2017 RESTLESSSS LEG SYNDROME Active (Yi Xie MD)
(2) 02/28/2017 Hypertension (ICD: I10) Active (Yi Xie MD)
(3) 01/08/2019 Asthma (ICD: J45.909) Active (Yi Xie MD)

Review of Systems:

Constitution:

denied fever, fatigue

Allergy/Immun:

denies hives.

Breast:

Denies discharge

Cardiovas:

Denies sweating, heart racing, chest pain

Endocrine:

Denies constipation, weight gain or loss.

ENT:

Denies ear pain, hearing loss, nasal congestion, sore throat.

Eyes:

Denies visual changes, eye pain, or redness .

GI:

Denies abdominal pain, difficulty with swallowing, heart burn, BRBPR, melana, or changes in bowel habits .

GU (Male):

Denies dysuria, pyuria, urinary urgency or frequency, bloody urine, bloody sperm, discharge from penis, scrotal mass

Head/Neck:

Denies neck pain or stiffness, noticeable nodes, or mass on neck .

Heme/Lym:

Denies swollen glands, bleeding problems, or bruising.

Muscular/Skeletal:

Denies joint pain, swelling, muscle weakness.

Neuro:

See HPI

Psych:

See HPI

Resp:

Denies shortness of breath, cough, wheezes.

Skin:

Denies rash

Vital Signs:

Date: 01/08/2019 02:46 PM, **HT:** 5'7.5" (ft/inches), **WT:** 172 (lbs/oz), **BP:** 124/75 (mmHg), **BMI:** 26.54, **HR:** 72 (/min)

Physical Exam General:

General: Good

Physical Exam Detail:

Neurological:

Mental Status: alert and cooperative. Fully oriented to time, place and person. Remembered out of 3 items immediately and out of 3 items after 10 minutes. Long-term memory was intact. Spoke in complete, grammatically correct sentences with good articulation. Followed verbal requests without difficulty.

Cranial Nerves: CN II-Visual fields: intact. The fundi: no papilledema. CN III, IV, VI-PERRL, EOMI. CN V: Facial sensation was intact to light touch. Corneal reflex: +. CN VII: No facial paralysis. CNVIII: Hearing finger rub bilaterally. CN IX: Symmetrical palate elevation. No drooling. CN XI: Strong shoulder-elevation and head-turning bilaterally. CNXII: Tongue protrusion at midline.

Motor: good muscle bulk, no atrophy. Normal tone and 5/5 strength of all extremities. DTR: 3/5 at biceps, triceps, brachioradialis, knees and ankles. Plantar responses: flexor bilaterally. No ankle clonus.

Sensory: decreased to light touch, temperature, pain at distal extremities, normal vibration, proprioception.

Coordination: patient had involuntary movement. Finger to nose and Heel to shin: no ataxia or dysmetria. **Rapid alternate movements:** slow. Patient had poor coordination.

Gait: Normal gait. Not-able to perform tandem-walking. Rombergs sign: negative

Head:

NC/AT skull. No tenderness, palpable mass. Even hair distribution.

Eyes:

Normal pink conjunctiva; white sclera. PERR, EOM intact. No jaundice or exudates.

Nose/ears/mouth:

Symmetrical patent nares. No nasal flaring/grunting/or discharge.

Neck:

Full AROM WNL. No tenderness, JVD, or palpable lymph nodes, masses, or goiter. No bruits auscultated.

Chest/Lung:

Symmetrical expansion with respiration. No intercostal retractions, or tenderness. Breath sounds CTA bilaterally. No rales/wheezes/rhonchi auscultated.

Heart:

S1S2 heard. Regular rhythm. No murmurs, thrills, or clicks.

Abdomen:

Soft, non-tender, non-distended. No palpable masses. No hepatomegaly/splenomegaly. No inguinal hernia or lymph nodes.

Extremities:

No deformities, clubbing, cyanosis, or edema noted. Bilateral pedal pulses present. No visible joint swelling/erythema. Normal ROM.

Skin/Membrane:

Skin warm to touch. Normal color. No lacerations or bruises. No rash, eczema, or ulcers.

Muscular:

Normal tone. Full AROM. No obvious muscular atrophy or hypertrophy. No jerking.

Psych:

No psychosis

Diagnosis Code:

- (1) (R25.8) Other abnormal involuntary movements (R25.8)
- (2) (F41.3) Other mixed anxiety disorders (F41.3)
- (3) (F32.89) Other specified depressive episodes (F32.89)
- (4) (I10) Essential (primary) hypertension (I10)

Procedure Code:

- (1) OFFICE/OUTPATIENT VISIT EST (99214)

Assessment/Plan:

(R25.8) Other abnormal involuntary movements:
UNKNOWN ETIOLOGY.

THE PATIENT WAS SEEN BY PSYCHIATRIST. NO CONCLUSION IF THIS IS CAUSED BY MEDICATION OR OTHER NON-ORGANIC DISORDER.

DRUG INDUCED? NON-ORGANIC? OR OTHER CAUSES?

RECOMMENDATIONS:

- 1. MOVEMENT DISORDER SPECIALIST REFERRAL (BETH ISREAL)
EXPLORE UNDERLYING ETIOLOGY.
- 2. FOLLOW UP WITH PSYCHIATRIST
- 3. FOLLOW UP AFTER CONSULTATION

(F41.3) Other mixed anxiety disorders:

Recommendations:

1. Medications:

Ativan 0.5MG tablet - 1 tablet po qdaily prn

2. Follow up with psychiatrist

(F32.89) Other specified depressive episodes:

RECOMMENDATIONS:

1. Continue current medication

2. Follow up with psychiatrist

(I10) Essential (primary) hypertension:

-Cont current regimen to gradually lower BP

-low sodium diet

-regular exercise

Other Plan/Conclusion

Benadryl Allergy 25 MG TABLET - 1 tablet po qhs

Prescription:(1) Ativan 0.5 MG TABLET **SIG:** 1 tablet po qdaily prn for anxiety **Disp:** 10 Tablet **Refill:** 0 **Sent**(2) Benadryl Allergy 25 MG TABLET **SIG:** 1 tablet po qhs **Disp:** 30 Tablet **Refill:** 0 **Sent**

Attending Provider: Xie, Yi, MD, Covering Provider: Xie, Yi, MD

Electronically signed by Xie, Yi, MD at 1/8/2019 3:12:31 PM

Printed by iClinic (MDLAND.com) at 1/9/2019 4:20:54 PM

EXHIBIT 18



NYC HEALTH+ HOSPITALS

BRIAN COKE NG
CHURCH ST ST
PO BOX 2723
NEW YORK NY 10008-2723

Important Message

Please pay this amount promptly. If you have Medicaid or other insurance, complete the back of this bill; return it to BELLEVUE HOSPITAL CENTER, P.O. BOX 5281 GPO, NEW YORK, NY 10087. If you do not have insurance or are unable to pay this bill, please call (212) 562-6264/6265 or stop by our Financial Counseling Office to discuss our available HHC Options Program.

Tenga la bondad de pagar este monto lo antes posible. Si tiene Medicaid o algun otro seguro, complete el dorso de este formulario; devuelvalo a BELLEVUE HOSPITAL CENTER, P.O. BOX 5281 GPO, NEW YORK, NY 10087. Si no tiene seguro o si no puede pagar esta cuenta, llame al (212) 562-6264/6265 o visite nuestra Oficina de consejeria financiera (Financial Counseling Office) para discutir la disponibilidad de nuestro Programa de opciones de HHC (HHC Options Program).

Account Summary

Patient Name: Coke Ng ,Brian
Statement Date: 12/27/18
Service Date(s): 12/22/18-12/22/18
Account Number: 035636568244

Insurance Information

INS 1:
INS 2:
INS 3:
INS 4:

Charge Summary

Previous Balance: \$.00
New Charges: \$1,797.99
Payments/Adjustments: \$.00
Account Balance: \$1,797.99
Please Pay This Amt: \$1,797.99

Contact Us

For questions, please call our office at 212-562-6264/6265.

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MDG2018 00008964 01

BRIAN COKE NG
CHURCH ST ST
PO BOX 2723
NEW YORK NY 10008-2723



Account Number: 035636568244		Please Pay This Amount: \$1,797.99	
Patient Name: Coke Ng ,Brian		Due By: 01/06/19	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Card Number:		CVV2 No.:	Exp. Date:
Signature:		Amount Paid:	

* The CVV2 Number is the last 3 digits on the back of your credit card, by your signature

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